15000001428

(Requestor's Name)							
(Address)							
(Address)							
,							
(City/State/Zip/Phone #)							
(Sity/State/Zip/Priorie #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
,							
Certified Copies Certificates of Status							
Serial coopies							
Special Instructions to Filing Officer:							

Office Use Only



000374552500



UZI OCT 26 PM 3:

PECHIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT N	Ю. :	I2000000195
		REFEREN	CE :	159856 7779145
		AUTHORIZATI	ON :	Gulbelenan
		COST LIM	IT :	\$ 25.00
ORDER	DATE :	October 22, 2	021	
ORDER	TIME :	2:36 PM		
ORDER	NO. ;	159856-030		
CUSTOM	ER NO:	7779145		
		CHANGE O	F AGENT	n -
	NAME:	CODINA AVE	MARIA	ESTATES, LLC
PLEASE	RETURN	THE FOLLOWING	AS PRO	OF OF FILING:
		FIED COPY		
XX	_ PLAIN	STAMPED COPY		
CONTAC	r person	J: Evliena Bak	cer	₽ ∀ ₩#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	ARIA ES	TATES, I	LC				
2. (a) _.	2020 Salzedo Street, 5th Floor	(b	(b) 2020 Salzedo Street, 5th Floor					
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	CORAL GABLES, FL 33134	_	CORAL	GABLES, FL 33134				
	01/13/2015		L1500000	07428				
3. 5. (a)	Date of filing/registration in Florida ROMERO, RAFAEL	4.		Document number				
,. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2020 Salzedo Street, 5th Floor							
	Registered Office Address (MUST BE FLORIDA STREET A	F. 31 2021 OCT 2 SECRETAL TALL AN						
	CORAL GABLES . FL	33134						
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Organian</u>	dress:						
	NEW Registered Office Address:							
	1201 Hays Street			<u> </u>				
	Tallahassee, FL_	32301						
change agent v was/we the arti Signat	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	registered bility con the limited limi	ed office a mpany, it ited liabil iability co Cilmi, Auti	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee				
the obl to mere notified	ons of all statules relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	for in C ereby co	hapter 60 Infirm tha	05, F.S. Or, if this document is being filed at the limited liability company has been				