L150000090353

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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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: TERRA 2850 M	IARY GE), —	LLC		
2. (a)		(b١)		
(. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		υ,	Mailing address of lin	nited liability company: OST OFFICE BOX)	
		3310 MARY STREET, SUITE 302			3109 GRAND AVENUE, #3	349	
		COCONUT GROVE, FL 33133	_		COCONUT GROVE, FL 33	3133	
		06/09/2015			L15000099353		
3.		Date of filing/registration in Florida	4.		Document number	er	
5. ((a)						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC.							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
1200 SOUTH PINE ISLAND ROAD						<i>م</i> ع	
		PLANTATION FI	33324			2024 JUN 10	
(i	b) .	Enter name of NEW Registered Agent and/or NEW Registered	r NEW Registered Office address:			• •	
	Corporation Service Company				_	All 9: 55	
	NEW Registered Office Address:					9	
1201 Hays Street							
		Tallahassee	32301				
chan agen was/	ige it w wc	mited liability company is not organized under the lar or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	register ability co of the lin limited	on nit lia	d office and the business off mpany, it is hereby confirme ited liability company or as c	ice of the registered d that the change(s) otherwise provided in	
Signature of a member or authorized representative of a member					Printed or typed nan		
I he prov the o to m notif	reb visio bli ere ied	ov accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I will my this change.	ree to ac perform d for in s hereby c	t i lar Ch	in this capacity. I further as	ree to comply with the	
Sign	atur	Chaca CKuby e of Registered Agent (GRACE	E.	E. KIRBY, ASST. VICE PRE	ESIDENT	