## 15000122023

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
_									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Consisting of the Control of the Con									
Special Instructions to Filing Officer									

Office Use Only



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11:11 WW 81 NR 6:08 505 PM 81 NR 18 WILLIAM

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 471241 7596800	<b>~</b> 3									
AUTHORIZATION CERTIFICATION	5- F									
COST LIMIT : \$\square 25.00										
ORDER DATE: May 16, 2024  ORDER TIME: 4:13 PM  ORDER NO.: 471241-013  CUSTOMER NO: 7596800	8 NH 9: 08									
CHANGE OF AGENT										
NAME: 2701 BAYSHORE ONE PARK GROVE, LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Amanda Miller EXT#  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: 2701 BAYSHC	RE ONE	P	ARK GRO	OVE, LLC					
2.	(a)		(	(b)							
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	······· \	(-)		Mailing address of lim (Note: MAY BE P	ited liabil	ity compa	iny:		
		3310 Mary Street Suite 302			3109 GRA	AND AVENUE #349					
		Coconut Grove, FL 33133	_		Coconut (	Grove, FL 33133					
		07/21/2015			L15000122023						
3.		Date of filing/registration in Florida	<del>-</del> 4.	_		Document number	r	-			
5.	(a)										
٥.	(a)	Registered Agent and Registered Office shown on the records o NRAI SERVICES, INC.	f the Floric	ia l	Dept. of State	- ::					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-					
		1200 SOUTH PINE ISLAND ROAD					,	2021			
		PLANTATION . F	L_33324			_		8 I NNC 1203			
						-		8	-		
(	(b)	Enter name of NEW Registered Agent and/or NEW Registere		_		-	မှာ	À			
		Enter name of NEW Registered Agent and/or NEW Registere	d Office a	dd:	ress:		•'	ب			
		Corporation Service Company	_				· <u>1</u>	80			
		NEW Registered Office Address:	_			-					
		1201 Hays Street									
		Tallahassee	L_32301			_					
16 11	sa li	mited liability company is not organized under the la	ove of the		tata of Clo	ido ilio banabu a		م داستان	fina da s		
cha agei was	nge nt w /we	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles-of organization or the operating agreement of the	e register iability co of the lin	ed on nit	office and pany, it is ed liability	I the business office hereby confirmed company or as of	ce of the	registe change	red (s)		
		Xia & Comi			•	THORIZED PERS	ON				
Si	gnati	ure of a member or authorized representative of a member	_	_		Printed or typed nam	e of signe	·			
I he prov the to n noti	pea.	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in t hereby c	t ii lan Ch	n this capa ace of my d apter 605, firm that to	wity. I further agr luties, and I am fa F.S. Or, if this d he limited liability	ee to co miliar w ocument compar	mply wi ith and is bein iy has b	th the accept g filed een		
C:		Unaca C-Kuble e of Registered Agent	GRACE	Ē.	KIRBY, A	ASST. VICE PRE	SIDENT				
2151	iatur	C OF MCKINICICA MECHE .									