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APR 0 4 2022 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 583464 8373818

AUTHORIZATION :

COST LIMIT : (\$\frac{25}{25}.00

ORDER DATE: March 31, 2022

ORDER TIME : 3:08 PM

ORDER NO. : 583464-040

CUSTOMER NO: 8373818

CHANGE OF AGENT

NAME: BRUNFELSIA TWO - SPR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- 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.

. (a)		(b)				
	Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	(<i>Note: MUST BE STREET ADDRESS</i>) 701 BRICKELL AVE., STE. 2100	70°	701 BRICKELL AVE., STE. 2100			
	<u> </u>		• •			
	MIAMI, FL 33131	L15000201747				
	12/07/2015					
	Date of filing/registration in Florida	4.	Document r	number		
. (a)						
. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:			
	CORPORATE CREATIONS NETWORK, INC.					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
	801 US HIGHWAY 1			<u></u>	2	
	NORTH PALM BEACH . FI	33408				
(b)				78.8 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	- ; - 吃石	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	:	OF X		
	Corporation Service Company					
	NEW Registered Office Address:			,,,		
	1201 Hays Street					
	Tallahassee	32301				
iange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered off ability compar of the limited l	fice and the busines ny, it is hereby con liability company c	ss office of the rep firmed that the cl	gistered nange(s)	
	antiago Ulloa	Santiago	Ulloa - Manager			
Signal	ture of a member or authorized representative of a member		Printed or typ	oed name of signee		
ovisi e obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this change.	performance (of mŷ duties, and L	am familiar with	and accep	
<u> </u>	nace tokubly					
ianatii	re of Registered Agent E.E. Kirby, Asst. Vice President					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00