

LI60000012248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

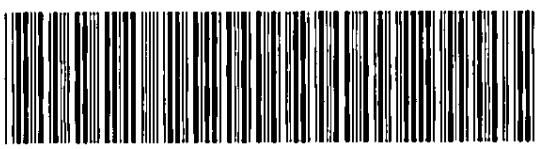
(Business Entity Name)

(Document Number)

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2021 OCT 26 AM 10:39

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ALLIANCE

R. A. K. Ochs

OCT 27 2021  
ALBRITTON

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

ACCOUNT NO. : I20000000195  
REFERENCE : 159856 7779145  
AUTHORIZATION :   
COST LIMIT : \$25.00

ORDER DATE : October 22, 2021  
ORDER TIME : 2:07 PM  
ORDER NO. : 159856-005  
CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: 5350 PARK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- 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. Name of the limited liability company: 5350 PARK, LLC

2. (a) 2020 Salzedo Street, 5th Floor (b) 2020 Salzedo Street, 5th Floor  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

3. 01/21/2016 4. L16000012248  
 Date of filing/registration in Florida Document number

5. (a) ROMERO, RAFAEL  
 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 ADDRESS)*  
CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

2021 OCT 26 AM 10:39

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill Cilmi Jill Cilmi, Authorized Person  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby  
 Signature of Registered Agent  
 Grace E. Kirby, Asst. Vice President of Corporation Service Company

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