## 160000123

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(200,000 2,)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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AT LANDSSTEE

RA/RO/ChX

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145

AUTHORIZATION

COST LIMIT : (\$\frac{25.00}{25.00}

ORDER DATE: October 22, 2021

ORDER TIME : 2:07 PM

ORDER NO. : 159856-006

CUSTOMER NO: 7779145

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CHANGE OF AGENT

NAME: 5375 PASEO, 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. N	Name of the limited liability company: 5375 PASEO, LI	LC			
2. (a)	2020 Salzada Street Eth Floor		(b) 2	020 Salzedo Street, 5th F	loor
<b>-</b> . ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(v)		ited liability company: OST OFFICE BOX)
	CORAL GABLES, FL 33134	_		ORAL GABLES, FL 33134	1
	01/21/2016	_	L16	6000012365	
3.	Date of filing/registration in Florida	4.		Document numbe	г
5. (a	ROMERO, RAFAEL				
	Registered Agent and Registered Office shown on the records of a 2020 Salzedo Street, 5th Floor	he Flori	da Dep	ot, of State;	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>		
	CORAL GABLES	33134		<del></del>	
	, FL_			<del></del>	202
(b)					2021 (1611 25
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddres	<u>-</u>	N.)
					<b>6</b> 3
	Corporation Service Company		_		27
	NEW Registered Office Address:				FN 10:
	1201 Hays Street				37
	Tallahassee F1	32301			
agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabrere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light of the lig	egister pility co the lin imited	red of ompa nited liabil	fice and the business officing, it is hereby confirmed liability company or as of	te of the registered
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provisi the obtion mer notified	rby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.  Light Linds are of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company	e to ac erform for in ( ereby c	rt in th iance Chap ronfiri	rie versaaiev. I Gardens van	

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