

3/31/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : CRISTINA MORENO P.A.
Account Number : I20210000071
Phone : (954)232-3452
Fax Number : (954)232-3452

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LCANTERBERRY@MWBOM.COM

LLC REGISTERED AGENT CHANGE
JRB REALTY AVENTURA LLC

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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. Name of the limited liability company: JRB REALTY AVENTURA LLC

2. (a) 2121 Ponce de Leon Blvd. (b) 2121 Ponce de Leon Blvd.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 600

Suite 600

Coral Gables, FL 33134

Coral Gables, FL 33134

February 24, 2016

L16000039040

3. Date of filing/registration in Florida

4. Document number

5. (a) MURAI WALD BIONDO & MORENO PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2121 Ponce de Leon Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 600

Coral Gables, FL 33134

(b) CRISTINA MORENO P.A.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2600 DOUGLAS ROAD

NEW Registered Office Address:

SUITE 304

CORAL GABLES, FL 33134

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.

Signature of a member or authorized representative of a member

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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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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