1600044599		
(Requestor's Name) (Address) (Address)	90037455137	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status	THE STATE	
Certified Copies Certificates of Status	2021 OCT 26 PH 3: 42 ATTAFXESTEL:	
Office Use Only	Y SULKER	

OCT 2 7 2021

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

ACCOUNT NO. : 12000000195

REFERENCE : 159856

7779145

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AUTHORIZATION

enar 5..-00 : ۶⁄

COST LIMIT

ORDER DATE : October 22, 2021

ORDER TIME : 2:54 PM

ORDER NO. : 159856-039

CUSTOMER NO: 7779145

## CHANGE OF AGENT

NAME: CODINA FRONTERRA, 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 BO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State (

1. N	ame of the limited liability company:	NTERRA,	LLC
2. (a)	2020 Salzedo Street 5th Floor	()	2020 Salzedo Street, 5th Floor b)
(u)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(	Mailing address of limited liability con ( <u>Note: MAY BE POST OFFICE Ba</u>
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134
	03/04/2016		L16000044599
3.	Date of filing/registration in Florida	4.	Document number
5. (a	ROMERO, RAFAEL		
5. (u	Registered Agent and Registered Office shown on the records o	of the Florid	a Dept. of State:
	2020 Salzedo Street, 5th Floor		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>
	CORAL GABLES F	L	?;
(h)			227
(b)Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> ;			Idress:
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		Idress 126 AH ID: 21 FIEL F
	TallahasseeF	L	
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the e registere iability co of the lim	ed office and the business office of the register- ompany, it is hereby confirmed that the change( nited liability company or as otherwise provided
	See & Course		Cilmi, Authorized Person
Sign	ature 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has be notified in writing of this change.

Droce t-Kuble

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