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(Requestor's Name)							
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16: 10: 17: 19: 10							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Certificates of States							
Special Instructions to Filing Officer:							

Office Use Only



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2024 JUN 18 AM 9: 06

2024 JUN 18 AMII:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

7596800

REFERENCE 471241

COST LIMIT : \$ 25.0

ORDER DATE : May 16, 2024

ORDER TIME : 4:04 PM

ORDER NO. : 471241-005

CUSTOMER NO: 7596800

CHANGE OF AGENT

NAME: 16000 PINES RETAIL INVESTMENTS

HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

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	ame of the limited liability company: 16000 PINE	ES RETAIL II	NVESTMEN	NTS HOLDINGS	, LLC		
2. (a)			b)				
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	v:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3109 GRAND AVENUE #349 Coconut Grove, FL 33133				
	3310 Mary Street Suite 302						
	Coconut Grove, FL 33133						
	05/04/2016		·L1600008	35476			
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)							
J. (u,	Registered Agent and Registered Office shown on the record	ds of the Florid	a Dept. of Sta	- te:			
	NRAI SERVICES, INC						
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS	<u></u> <u>S)</u>	-			
	1200 SOUTH PINE ISLAND ROAD					20	
	PLANTATION	. FL 33324			i .	8 I NOT 1802	
				_	· .	==	المدينة المدينة المدينة
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	(z)		ਹੈ। ਹਵਾਲਾ
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office ad	<u>dress</u> :		1	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Corporation Service Company				1	9: 06	
	NEW Registered Office Address:	-		_		O1	
	1201 Hays Street			-			
	Tallahassee	FL 32301					
	-	· · · <u> </u>	_	_			
agent v	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member of the members of the street and or the street are street.	Tthe registered Id liability co ers of the lim	ed office and impany, it is ited liability	d the business of s hereby confirm y company or as	ffice of the red that the	egister change	ed 's)
tne arti	cles of organization or the operating agreement of		•		2001		
Signa	ture of a member or authorized representative of a member	. JILL	. CILMI, AU	THORIZED PER Printed or typed na			
I herei provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address I in writing of this change.	agree to act lete performa ided for in C s, I hereby co	in this cape ince of my o hapter 605, infirm that t	anim I Gardian a		iply wit h and a s being has be	h the ccept filed en
Signatu	Linace L-Kuble re of Registered Agent	GRACE E	E. KIRBY, A	ASST. VICE PR	ESIDENT		