4160000085503

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		~ }
	J. 1112	
	-1.	•

Office Use Only



200429762492

2024 JUN 18 AMII: 18

7024 JUH 10 AM 9: 57

RECEIVED

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3310 MARY STREET, SUITE 302 COCONUT GROVE, FL 33133 05/04/2016 (b) Mailing address of limited liability company: (Note: MAY BE POST OFF) 3109 GRAND AVENUE #349 COCONUT GROVE, FL 33133 L16000085503	ity company:
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3310 MARY STREET, SUITE 302 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 05/04/2016 Mailing address of limited liability company: (Note: MAY BE POST OFF) 3109 GRAND AVENUE #349 COCONUT GROVE, FL 33133	ity company:
COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 05/04/2016 L16000085503	
05/04/2016 L16000085503	
3. Date of filing/registration in Florida 4. Document number	
5. (a)	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
NRAI SERVICES, INC.	
NRAI SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD	
1200 SOUTH PINE ISLAND ROAD	
PLANTATION FL 33324	
(b)	ώ `΄ Ω
(b)	រា
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	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirme change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company. JILL CILMI, AUTHORIZED PERSON	registered c change(s)
Signature of a member or authorized representative of a member Drinted or typed name of signed	<u>e</u>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability compart notified in writing of this change.	minly with the
Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PRESIDENT	