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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
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Office Use Only



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2024 JUN 18 AM 11: 18

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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.	Na	me of the limited liability company: TERRA C	YTI	<u>C</u>	ENTER IN	VESTMENTS II, LLC
2.	(a)			(b))	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	Mailing	address of limited liability company: MAY BE POST OFFICE BOX)
		3310 MARY STREET, SUITE 302			3109 GRAND A	VENUE #349
		COCONUT GROVE, FL 33133			COCONUT GRO	OVE, FL 33133
		05/04/2016			L16000085512	
3.		Date of filing/registration in Florida	4.	-	Docur	nent number
5.	(a)					
	`	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	the Flori	ida I	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		1200 SOUTH PINE ISLAND ROAD				
		PLANTATION FL	33324	ļ		
						- - - 0
((b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress;	
					ce address:	
		Corporation Service Company				57
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee . F1	32301			
cha: agei was	nge nt w /wci	mited liability company is not organized under the lay or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ibility of the li limited	red con mit Hia	I office and the bi npany, it is hereby ted liability comp ability company.	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in
Signature of a member or authorized representative of a member				JILL CILMI, AUTHORIZED PERSON Printed or typed name of signce		
I he prov the s to n	ereb visiö oblig verei fied	v accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perforn I for in iereby c	et in nan Ch con	n this canavity. I	further garge to comply with the
Signature of Registered Agent GR					KIRBY, ASST.	VICE PRESIDENT