## 16 0000 99447

(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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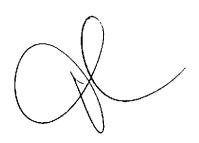


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024 JUN 18 AMII: 08

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

471241

7596800

AUTHORIZATION'

COST LIMIT '

ORDER DATE: May 16, 2024

ORDER TIME : 4:01 PM

ORDER NO. : 471241-003

CUSTOMER NO: 7596800

CHANGE OF AGENT

NAME:

16000 PINES INVESTMENTS HOLDINGS MEMBER II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ 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.	Na	ame of the limited liability company: 16000 PINES	SINVEST	ME	NTS HOL	DINGS MEMBER I	I, LLC		
2.	(a)			( <b>h</b> )	•				
	()	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)	············	(U)	'	Mailing address of limit	ted liabili	ty compa	my:
		3310 Mary Street Suite 302			3109 GR	AND AVENUE #349			-
		Coconut Grove, FL 33133			Coconut (	Grove, FL 33133			
		05/19/2016			L16000099	9447			
3.		Date of filing/registration in Florida	4.	-		Document number			
5.	(a)					_		024	
		Registered Agent and Registered Office shown on the records NRAI SERVICES, INC.	of the Floric	da I	Dept. of State	- 2:		2024 JUN 1	
		Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	(2.5)		-		$\infty$	) (1573)
		1200 SOUTH PINE ISLAND ROAD					$g_{j}$		
		PLANTATION	EI 33324			-	.1	9: 05	
		Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company	red Office a	ddr	ress:				
		NEW Registered Office Address:	_		<del></del>				
		1201 Hays Street							
		Tallahassee	32301						
enai agei was the a	nge ( nt w /wer artic	mited liability company is not organized under the lor changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members of organization or the operating agreement of the	he register liability co s of the lim	ed om nite	office and pany, it is ed liability	the business office hereby confirmed to company or as oth	of the :	register	ed (s)
		recof 3 member or authorized representative of a member	JILI	LC	CILMI, AUT	THORIZED PERSO	N		
						Printed or typed name of			
I he prov the o to m notij	reb isió oblis erel ied	w accept the appointment as registered agent and a ns of all statutes relative to the proper and complet pations of my position as registered agent as provid y reflect a change in the registered office address, in writing of this change.	gree to act te perform led for in ( I hereby co	in and The Onf	this capac ce of my di apter 605, firm that th	city. I further agree uties, and I am fam, F.S. Or, if this doc ne limited liability c	e to con iliar wit ument t ompany	ıply wit 'h and a 's being ≀ has be	h the accept filed ien
Sign	L ature	Drace C-Kuby of Registered Agent	GRACE	E.	KIRBY, A	SST. VICE PRESI	DENT		