(Requestor's Name)	_							
(Address)	_							
(Address)								
,								
(City/State/7in/Dhone #)	_							
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)	—							
(Document Number)	_							
Certified Copies Certificates of Status								
Certified Copies Certificates of Status								
	_							
Special Instructions to Filing Officer:								

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2022 APR - 1 AM 11: 14

ROCH S.

APR 0 4 7072 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 583464 8373818

Stiftense

AUTHORIZATION

COST LIMIT : (\$\sqrt{25}.00

ORDER DATE: March 31, 2022

ORDER TIME : 2:34 PM

ORDER NO. : 583464-005

CUSTOMER NO: 8373818

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## CHANGE OF AGENT

NAME: BRUNFELSIA FIVE - AVIA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

**EXAMINER:** 

## 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:BRUNFELSI	A FIVE - A	VIA LLC				<u>.</u>	
2. (a)		(	(b)					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of I			limited liability company:  POST OFFICE BOX)		
	701 BRICKELL AVENUE, STE. 2100	701 BRICKELL AVENUE, STE. 2100						
	MIAMI, FL 33131		MIAMI, FL 33131					
	06/02/2016		L160001	106467				
3.	Date of filing/registration in Florida	4.		Document nur	nber	• .		
5. (a)	Registered Agent and Registered Office shown on the records		1 6 30	<u> </u>				
		s of the Floric	la Dept. of St	iate:				
	CORPORATE CREATIONS NETWORK INC.				ζ.	20		
	Registered Office Address (MUST BE FLORIDA STREE 801 US HIGHWAY 1	<u>ET ADDRES</u>	<u>(S)</u>			1022 APR - I	"们	
	NORTH PALM BEACH	FL_33408		<u> </u>	AHAS	~-		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	OF STATE SEE, FL	AM 11: 14		
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street			_				
	Tallahassee	FL 32301						
change agent v was/we the arti	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 limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the st	the register I liability of rs of the lind the limited	ed office a ompany, it nited liabili liability co	and the business of is hereby confirmity company or a company.	office of the	e regis le chan	tered ge(s)	
	/s/Santiago Ulloa Santiago Ulloa Santiago Ulloa Signature of a member or authorized representative of a member			loa - Manager  Printed or typed name of signee				
I herei provisi the obl to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, I in writing of this change.	agree to ac ele perform ded for in c I hereby c	t in this cap ance of my Chapter 60 onfirm thai	pacity. I further	avree to co	omply	with the ed accept ing filed been	
Signatu	re of Registered Agent							

Grace E. Kirby, Asst. Vice President
Division of Cor