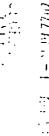
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Priorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Busiless Entity Name)						
(Document Number)						
Certified Copies Certificates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

Office Use Only



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2022 APR -1 AM 11:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 583464 8373818						
AUTHORIZATION : Spelle Ren						
COST LIMIT : \$ 25.00						
ORDER DATE: March 31, 2022						
ORDER TIME : 3:03 PM						
ORDER NO. : 583464-014						
CUSTOMER NO: 8373818						
CHANGE OF AGENT						
NAME: BRUNFELSIA SIX - ATP 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.

I. Na	me of the limited liability company: BRUNFELSIA	SIX - ATI	P LLC		
2. (a)		(b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	701 BRICKELL AVENUE, STE. 2100		701 BRIC	CKELL AVENUE, STE. 2100	
	MIAMI, FL 33131		MIAMI, F	L 33131	
	06/10/2016		L1600011	3510	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
,	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	of the Florid	la Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	801 US HIGHWAY 1			~	
	NORTH PALM BEACH	22400		2072 (5:2)	
		L_33408			
				1	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				- ":	
					
	Corporation Service Company				
	NEW Registered Office Address:			- •	
	1201 Hays Street			_	
	Tallahassee	., 32301			
	, F	L	· <u>-</u>	_	
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne register liability co of the lin	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s/Santiago Ulloa Santiago Ulloa			- Manager		
	ure of a member or authorized representative of a member			Printed or typed name of signee	
provision the obli to mere	by accept the appointment as registered agent and agents on sof all statutes relative to the proper and completing ignitions of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	e perform	ance of my a	duties, and Lam Jamiliar with and accept-	
	re of Registered Agent E. Kirby, Asst. Vice President				