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(Re	questor's Name)	
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Tony (A.S.)

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 159856 7779145				
AUTHORIZATION : Simulable man				
COST LIMIT : \$25.00				
ORDER DATE : October 22, 2021				
ORDER TIME : 2:58 PM				
ORDER NO. : 159856-048				
CUSTOMER NO: 7779145				
CHANGE OF AGENT				
NAME: CODINA MIRALAGO HOLDINGS, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker 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. 1	lame of the limited liability company:CODINA MIR	RALAGO HOLD	INGS, LLC
2. (a	2020 Salzedo Street, 5th Floor	(b) 20	020 Salzedo Street, 5th Floor
≟. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		ORAL GABLES, FL 33134
	07/29/2016	L16	5000141417
3.	Date of filing/registration in Florida ROMERO, RAFAEL	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records 2020 Salzedo Street, 5th Floor Registered Office Address (MUST BE FLORIDA STREET)		n. of State:
		FL_33134	2021 OCT 26 SECRETARY TALLASS
(b			
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	FL_32301	
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	the registered o I liability compa rs of the limited the limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
Sia	nature of a member or authorized representative of a member	Jili Cilin	ni, Authorized Person Printed or typed name of signee
I her provi the o to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act in t ete performance ided for in Chap , I hereby confir	his capacity. I further agree to comply with the