Division of Corporations

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LLC REGISTERED AGENT CHANGE PONTE GADEA BISCAYNE, LLC

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JUL - 5 2023

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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.

I. Na	ime of the limited liability company: Ponte Gadea Bisc	ayire, i		300 C D	nanima Plant Cta 2350			
2. (a)	200 S Biscayne Blvd, Ste 3250		(b)	200 S Bi	scayne Blvd, Ste 3250	<u> </u>		
	Principal office address of limited liability company:				Mailing address of limite	•		
	(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POS	<u>I VEFILE</u>	<u>B(/A)</u>	
	Miami, FL 33131			Miami, F	L 33131		·	
	10/10/2016	·	L	16000187	7409			
3.	Date of filing/registration in Florida	4.	-		Document number			
	TOYOS, ALINA ROJAS							
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	rida I.	ept. of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				7.550 7.500	2023 JUN 30		
	200 S Biscayne Blvd, Ste 3250				_	新	Ş	7
	Miami , FL	33131				155F	30	
(b) ₋	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	OF STATE	PM 2: 00	ED	
	NEW Registered Office Address:							
	801 US Highway 1				_			
	North Palm Beach , FL	North	Palr	1 Beach	<i>334</i> 08			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the 1	ered com imit	office ar pany, it i ed liabili	nd the business office is hereby confirmed t ty company or as oth	of the reg	istered ange(s)	
	Tymberlyn Teafay ture of a member of authorized expresentative of a member	T	ymb	erlyn Teet	fey, Attorney-in-Fact			
Signat	ture of a member of authorized expresentative of a member				Printed or typed name of	of signee		
provision the obli to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I h I in writing of this change.	ee to a perfor l for it tereby	ict ir man n Ch con	this cap ce of my apter 60, firm that	pacity. I further agred duties, and I am Jam 5, F.S. Or, if this doc the limited liability c	e to compl iliar with i cument is l company h	y with to and according file as been	he ept ed
_	berlyn Teefey Tymberlyn Teefey. Specia	il Secr	etar	y				