L160000193812

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

Office Use Only



000384759190

2022 APR - I AM III: I I

ALLAHASSEC, FLORE

± APR−I AMII÷ o

RARCICHS

ALBRITTON

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195

REFERENCE : 583464 8373818

Syruna

AUTHORIZATION

COST LIMIT

ORDER DATE: March 31, 2022

ORDER TIME : 2:32 PM

ORDER NO. : 583464-001

CUSTOMER NO: 8373818

CHANGE OF AGENT

NAME: BRUNFELSIA EIGHT - RAV 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:	EIGHT -	RAV LLC				
2. (a)		(b)				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		o)	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	701 BRICKELL AVENUE, STE. 2100		701 BRIC	KELL AVENUE, STE. 2100			
	MIAMI, FL 33131		MIAMI, F	MIAMI, FL 33131			
	10/20/2016		L1600019	3812			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
- / \							
5. (a)	Registered Agent and Registered Office shown on the records o	of the Florid	a Dept. of Stat	_ te:			
	CORPORATE CREATIONS NETWORK INC.		•				
	Registered Office Address (MUST BE FLORIDA STREET)	r andres	<u> </u>	_		2	
	801 US HIGHWAY 1	:1017mas	4		<u> </u>	022 A	
	NORTH PALM BEACH , F	33408		_	F1 3> 0 EU 1	2022 APR - I	:10000 :10000
				_	ASS.		€ [~]
(b)	Enter name of NEW Registered Agent and/or NEW Registere			_	E CO	AH II: I	[
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office ac	<u>ldress</u> :		FE		
	Corporation Service Company				, <u>tu</u>	=	
	NEW Registered Office Address:						
	1201 Hays Street			_			
	Tallahassee	32301					
		L					
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laste authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lim	ed office an ompany, it is nited liability	d the business of s hereby confirmation or a	office of the of the of the office of the of	he regi he cha	stered nge(s)
/s/5	Santiago Ulloa	Sar	ntiago Ulloa,	, Manager			
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provisi the obl to mere	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e <i>perform</i>	ance of my a	duties, and I an	n Familiar	with a	nd accent
Signatur	hace CKWDI						
Signatu	re of Registered Agent \						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President