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Division of Corporations

Florida Department of State Division of Constration

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(((H24000151149 3)))



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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gabricla@dartmouthinternational.com

LLC REGISTERED AGENT CHANGE METROPOLIS BRICKELL, LLC

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APR 25 2024

(((H24000151149.3)))

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: METROPOLIS E	BRICKELL.	LLC		
2 /ni	17001 Collins Avenue, Apt 4108	(b)	17001 Collins Avenue, A	Apt 4108	
. (۱۱)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	Sunny Isles Beach, FL 33160	 -	Sunny Isles Beach, FL I	33160	
	01/30/2017	1	17000023128		
3.	Date of filing/registration in Florida	4.	Document number	r	
5. (a)	Law Offices of Rodrigo S. DA Silva, P.A.		. <u></u>		
,,,,	Registered Agent and Registered Office shown on the records of	The Florida I	Dept, of State:		
	777 Arthur Godfrey Road		 		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>			
	Suite 402				
	MIAMI BEACH, F	33140 L		~	
(b)	Registered Agents Inc.			2024 APR 25	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addi	r <u>ess</u> :	R 2.	
	7901 4th Street N			5 PH	
	NEW Registered Office Address:				
	Stc 300			6: 1/2	
	St. Petersburg	L_33702			
signa Signa I here provis the ob-	imited liability company is not organized under the lag or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagre authorized by an affirmative vote of the members icles of organization or the operating agreement of the mine of a member or authorized representative of a member of the appointment as registered agent and any linguisms of all statutes relative to the proper and completely reflect a change in the registered agent as provided in writing of this change.	e registered iability con of the limited lia PAU	romee and the dusticss offingany, it is hereby confirmed ted liability company or as obility company. LO MACEDO BUCARESKY Printed or typed nan	d that the change(s) therwise provided in the of signee	

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