## 117000030406

(Re	equestor's Name)	<u> </u>					
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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Certified Copies	Certificates	of Status					
Special Instructions to Filing Officer:							
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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.

1.	Na	me of the limited liability company: TERR	A PEM	BROK	E PINE	ES MF HOLDINGS MEMBER, LLC
2.	(a)			(b	)	
		Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		_ `	/ <del></del> _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3310 MARY STREET, SUITE 302			3109 (	GRAND AVENUE #349
		COCONUT GROVE, FL 33133		_	coco	ONUT GROVE, FL 33133
		02/09/2017			L17000	0030406
3.		Date of filing/registration in Florida		4.		Document number
5.	(a)					
٥.	(a)	Registered Agent and Registered Office shown on the r	State:			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1200 SOUTH PINE ISLAND RD					74 J
		PLANTATION	, FL_`	33324		2024 JUH 18 PH 1: 38
	(b)	Enter name of NEW Registered Agent and/or NEW F			<u> </u>	
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Corporation Service Company					
		NEW Registered Office Address:	· · · · ·			<del></del>
		1201 Hays Street				
					_	<del></del>
		Tallahassee	, FL_	32301		
cha age wa	inge ent v s/wo	imited liability company is not organized under or changes are made, the Florida street addre- vill be identical. Or, in the case of a Florida li- ere authorized by an affirmative vote of the mo- cles-of organization or the operating agreemen	ss of the r mited liab embers of	egistere pility co the lim	ed office mpany, lited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
		Xie E. CiQui		JILL	. CILMI,	AUTHORIZED PERSON
S	ignal	ture of a member or authorized representative of a memb	her			Printed or typed name of signed
pro the to i	visi obl nere	by accept the appointment as registered agent ons of all statutes relative to the proper and co igations of my position as registered agent as ely reflect a change in the registered office add I in writing of this change.	and agre omplete p provided dress, I he	e to act erforma for in C ereby co	in this c ince of n hapter to infirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Sig	natu	Mace C-Kuble re of Registered Agent	GI	RACE I	E. KIRB	BY, ASST. VICE PRESIDENT