## L17000056640

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





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2023 MAY 24 PH 3: 4

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 755470 8397240									
AUTHORIZATION : Sprinklera									
COST LIMIT : \$25.00									
ORDER DATE : May 17, 2023									
ORDER TIME : 11:17 AM									
ORDER NO. : 755470-063									
CUSTOMER NO: 8397240									
CHANGE OF AGENT									
NAME: KAIROS MIAMI II LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland-sorenson EXT#									

EXAMINER:



May 25, 2023

CSC

SUBJECT: KAIROS MIAMI II LLC Ref. Number: L17000056640 Please give original submission date as file date.

We have received your document for KAIROS MIAMI II LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 223A00012024



## 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: KAIROS MIAMI II	LLC				
2	(a)	1395 Brickell Avenue	1395 Brickell Avenue				
	(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	· · · /	;	Mailing address of limited liability of Note: MAY BE POST OFFICE	
		Suite 800		Sı	uite 800		
		Miami, FL 33131	-	<u></u>	iami, FL	. 33131	
		03/10/2017	_	 L17	000056	6640	
3.		Date of filing/registration in Florida	4.			Document number	<del></del>
5.	(a)	WORLWIDE CORPORATE ADMINISTRATORS LLC					
5.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2330 PONCE DE LEON BLVD  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		CORAL GABLES FL	33134			AND FOR Z4 THE STATE	
	(b)					- 12 <del>-</del> 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	, M
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ddres</u>	<u>s</u> :	mo F	5 🛡
		Corporation Service Company				FL	 
		NEW Registered Office Address:				- m	
		1201 Hays Street					
		Tallahassee, FL_3	32301			<u>.</u>	
cha age was	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	egister ility co the lin	red of ompa nited	ffice and ıny, it is liability	I the business office of the re- hereby confirmed that the chy company or as otherwise pr	gistered ange(s)
		gelo Marsola Filho	An	gelo	Marsola	Filho, Manager	
	-	are of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n not	visic obli nere ified natur	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided the proper and complete pagations of my position as registered agent as provided the reflect according to the property of the property	e to ac erform for in ( reby c	t in to lance Chap confir	his capa of my a ver 605, m that t	icity. I further agree to comp luties, and I am familiar with . F.S. Or, if this document is he limited liability company l	ly with the and accept being filed aas been
Gr	ace	E. Kirby, Asst. Vice President	w 6 27	7. T	allabaa	coo El 27214	

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