(Red	questor's Name)		
(Add	dress)		
·			
(Address)			
(City	y/State/Zip/Phone	- #)	
(01.)	rotato/zipri none	,	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Dog	cument Number)	·	
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Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			
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Office Use Only



000429666710

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.

2. (a)		1	b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	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	nut Grove, FL 33133
	03/29/2017		L1700	00070229
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	f the Florid	la Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	. 200
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION . F	33324		2024 JUN 18
	, ·	L		
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress;	18 M 9: 48
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
	· ·	L		
hange gent v vas/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members of the property	e register iability c of the lir	ed office ompany, nited lia	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
ne arn	cles of organization or the operating agreement of the		•	, AUTHORIZED PERSON
Signat	ture of d member or authorized representative of a member			Printed or typed name of signee
l herei rovisi he obl o mere otified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change.	ree to ac e perforn ed for in hereby c	t in this ance of Chapter onfirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
	Drace C-Kubb	GRACE	E. KIRE	BY, ASST. VICE PRESIDENT
Signatu	re of Registered Agent	JIMOL	, IXIIX.	J. M. COL. FICE I REGIDERT