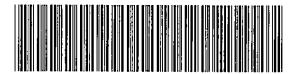
17000070317

(Requestor'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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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. No	nme of the limited liability company: DORAL	COUR	T RET	TAIL INVESTMENTS, LLC	
2. (a)		()	b)		
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3310 Mary Street Suite 302		3109 GI	RAND AVENUE #349	
	Coconut Grove, FL 33133		Coconu	t Grove, FL 33133	
	03/29/2017		L170000	70317	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of St	ate:	
	NRAI SERVICES, INC.				
	gistered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 3	
	1200 SOUTH PINE ISLAND ROAD			· 4 12	
	PLANTATION	33324		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	· · · · · · · · · · · · · · · · ·	l· l	<u>-</u>		
(b)					
(0)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee	FL 32301			
		FL			
change agent v was/we	imited liability company is not organized under the lear or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	he register liability co s of the lin	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
			UTHORIZED PERSON		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to act te perform led for in C I hereby co	in this cap ance of my Thapter 60 onfirm that	pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	GRACE E. KIRBY, ASST. VICE PRESIDENT				