L17000164984

(Requestor's Name)						
(Address)						
(Addless)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500384201755

102 APR -1 AH 5: 55

2022 APR -1 AH 11: 31

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	I2000000195							
REFERENCE	;	583464 8373818							
AUTHORIZATION	:	Spulsolenan							
COST LIMIT	: 	\$ (25,00							
ORDER DATE : March 31, 2022									
ORDER TIME : 3:05 PM									
ORDER NO. : 583464-017									
CUSTOMER NO: 8373818									
CHANGE OF AGENT									
NAME: BRUNFELSIA THIRTEEN - PTNRGRP LLC									
PLEASE RETURN THE FOLLOWING AS	PRO	OOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weilar	nd -	EXT#							

EXAMINER:

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.

Name of the limited liability company: BRUNFELSIA THIRTEEN - PTNRGRP LLC								
2.	(a)			(b)				
	/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		701 BRICKELL AVENUE STE 2100			701 BRIC	KELL AVENUE STE 2100		
		MIAMI, FL 33131	_		MIAMI, FI	L 33131		
		08/02/2017			L1700016	4984		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)							
		Registered Agent and Registered Office shown on the records of t	he Flor	ida l	Dept. of State	e :		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>		-		
	801 US HIGHWAY 1					76		
		NORTH PALM BEACH FL.	33408	3	_	PEZZ AF.		
((b)	Enter name of NEW Registered Agent and/or NEW Registered	Office		racc:	- : <u>:</u> :		
		and was the second of the seco	Onice	auu		• • • • • • • • • • • • • • • • • • • •		
	Corporation Service Company							
		NEW Registered Office Address:						
		1201 Hays Street			· · · · -	_		
		Tallahassee	32301	1				
		, FL_				-		
cha agei was	nge nt w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the la	registe bility of the li	ered con imit	l office and ipany, it is ed liability	d the business office of the registered the theorem is hereby confirmed that the change(s) by company or as otherwise provided in		
	/s/Santiago Ulloa Santiago Ulloa					<u> </u>		
		are of a member or authorized representative of a member				Printed or typed name of signee		
pro the to n	visio obli nere fied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to a perfori for in ereby	ct in mar i Ch con	n this cape ace of my c apter 605 firm that t	wity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been		
Sign		Maca C. T. W. D. C.						
		E. Kirby, Asst. Vice President						

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