| 17000 | 1213289 |
|---|---|
| (Requestor's Name) (Address) | 500374552485 |
| (Address) (City/State/Zip/Phone #) | 000074002400 |
| | |
| (Business Entity Name) (Document Number) | T 26 AND 24 |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | RECEIVED 2021 OCT 26 PH 3: 44 AVI AHAGSHELL |
| Office Use Only | |
| | Y SULKER OCT 272021 |

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

۰.

ACCOUNT NO. : I2000000195

AUTHORIZATION

REFERENCE : 159856 / 7779145 Spulseleman :

COST LIMIT : \$ 25.00

- ORDER DATE : October 22, 2021
- ORDER TIME : 2:35 PM
- ORDER NO. : 159856-028

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: CODINA ADDISON HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- 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.

| Na | ame of the limited liability company: | | | |
|-----|--|---------|--|--|
| (a) | 2020 Salzedo Street, 5th Floor | | (b) 2020 S | Salzedo Street, 5th Floor |
| ~ / | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | |
| | CORAL GABLES, FL 33134 | | CORA | L GABLES, FL 33134 |
| | 10/13/2017 | | L170002 | 213289 |
| | Date of filing/registration in Florida | 4. | | Document number |
| (a) | ROMERO, RAFAEL | | | |
| | 2020 Salzedo Street, 5th Floor | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ADDRES | <u>55)</u> | 7671 |
| (h) | | 33134 | | 7071 - T 26 |
| (b) | Registered Office Address (MUST BE FLORIDA STREE | L_33134 | | TRY CE ST |
| (b) | Registered Office Address (MUST BE FLORIDA STREE CORAL GABLES . 1 | L_33134 | | TRY OF STATE |
| (b) | Registered Office Address (MUST BE FLORIDA STREE CORAL GABLES . I Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | L_33134 | | 7071 TT 26 AMIO: 21 |
| (b) | Registered Office Address (MUST BE FLORIDA STREE CORAL GABLES . I Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company | L_33134 | | 7071 T 26 AM 10: 21: TYRY OF STATE TYRY OF STATE |

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

P GOme Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Droce 2-Kuby

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company

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