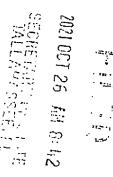
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

	ACCOUNT NO. : I	2000000195
	REFERENCE : 1	
	AUTHORIZATION :	Grebelenan
	COST LIMIT : \$	25.00
ORDER DATE :	October 22, 2021	
ORDER TIME :	2:57 PM	
ORDER NO. :	159856-044	
CUSTOMER NO:	7779145	
	CHANGE OF AGENT	
NAME:	CODINA KINGFISHER HOLDING, LLC	FUND

CONTACT	PERSON:	Eyliena	Baker	 EXT#	
				EXAMINER:	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

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. N	lame of the limited liability company:	ISHEF	٦F	UND HOL	DING, LLC
2. (a)	2020 Salzedo Street, 5th Floor		(b)	2020 Sal	zedo Street, 5th Floor
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134			CORAL	SABLES, FL 33134
	01/18/2018	_	Į	_18000013	977
3. 5. (a	Date of filing/registration in Florida ROMERO, RAFAEL	4.	_	_	Document number
υ. (t.	Registered Agent and Registered Office shown on the records of a 2020 Salzedo Street, 5th Floor	he Flori	ida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		
	CORAL GABLES FL_	33134	ļ.		2021 OCT 26 SEGRETARY
(b)					1 C O TES
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office a	ıdd	ress:	£95 ₹
	Corporation Service Company				MH 8:42
	NEW Registered Office Address:		_		ri Fo
	1201 Hays Street			_	
	Tallahassee, FL_	32301		·-	
agent was/w	imited liability company is not organized under the laws e or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egister vility c the lin	red om mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s)
- 0:	ture of a member or authorized representative of a member	Jill	Ci	lmi, Author	ized Person
I here provisi the obi to mer notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigntions of my position as registered agent as provided ely reflect a change in the registered office address. I he writing of this change.	e to ac erform for in reby c	t ir ian Ch		Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed are limited liability company has been
Signatu Grace E	re of Registered Agent Kirby, Asst. Vice President of Corporation Service Company				

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