L18000040456

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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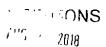
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18 AUG 22 PM 4: 05

FILED 18 AUG 22 AM 10:00



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 358794 8212150					
AUTHORIZATION: Spelle Reman					
COST LIMIT : \$ 25.00					
ORDER DATE : August 22, 2018					
ORDER TIME : 2:49 PM					
ORDER NO. : 358794-010					
CUSTOMER NO: 8212150					
CHANGE OF AGENT					
NAME: BALIUS & XANTHUS INVESTMENTS LLC					
THC .					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Roxanne Turner 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.

			(b) 9020 SW 97th Avenue Apt # 7		
. (a)	9020 SW 97th Avenue Principal office address of limited lia	bility company	_ (0)		Mailing address of limited liability company:
	(Note: MUST BE STREET A				(Note: MAY BE POST OFFICE BOX)
	Apt # 7		_	Apt # 7	
		FL 33176		Miami, F	1 33176
	Miami	rt 33170			<u> </u>
	02/14/2018		_	L1800004	10456
	Date of filing/registration in	Florida	4.		Document number
i. (a)	Aminy Guerra			_	
. (••,	Registered Agent and Registered Office sho	wn on the records of t	he Florida	Dept. of Stat	· 54 6
	801 Brickell Avenue			_	1
		LORIDA STREET A	DDRESS)		12 元
	Ste# 900				FILED MID OO
	Miami	. FL	33131		
	Man	,	<u> </u>		
(b)	Corporation Service Company			 	- - -
` '	Enter name of NEW Registered Agent and	Vor <u>NEW Registered</u>	Office add	iress:	
	1201 Hays Street				
	NEW Registered Office Address:				_
			<u> </u>		
	Tallahassee	FI	<u>. 32301</u>		
the cl agent	nange or changes are made, the Florid	a street address of a Florida limited li e of the members of g agreement of the	ability co of the lim limited	ompany, it nited liabil liability co	
	Chara Ke	8/22 C	Am Am	iny Guerra	Printed or typed name of signee
	nature of a member or authorized representation reby accept the appointment as registricitions of all statutes relative to the profition as registers.		ree to ac performed for in	t in this ca nance of m Chapter 60	pacity. I further agree to comply with the y duties, and I am familiar with and accep 95, F.S. Or, if this document is being filed at the limited liability company has been
provi the o	erely reflect a change in the registered	d office address, I	hereby c	onfirm tha	it the limited liability company has been
provi the o	prigations of my position as registered reflect a change in the registered resistance in writing of this change.	d office address, l	hereby c		nne Turner

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