118000074660

(Requestor's Name)						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195									
REFERENCE : 583464 8373818									
AUTHORIZATION Spelle Man									
COST LIMIT : \$ 25.00									
ODDED DAME Novel 21 0000									
ORDER DATE : March 31, 2022									
ORDER TIME : 3:04 PM									
ORDER NO. : 583464-015									
CUSTOMER NO: 8373818									
<u>CHANGE OF AGENT</u> NAME: BRUNFELSIA SIXTEEN - BLD2 LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland 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.

1. N	ame of the limited liability company: BRUNFELSIA	SIXTEEN	۱ -	BLD2 LLC	
2. (a)		(b)		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	~ <i>)</i> .	Mailing add	dress of limited liability company: MAY BE POST OFFICE BOX)
	701 BRICKELL AVE., STE. 2100		•	701 BRICKELL AV	/E., STE. 2100
	MIAMI, FL 33131	<u></u>	-	MIAMI, FL 33131	
	03/26/2018		L	.18000074660	
3.	Date of filing/registration in Florida	4.	_	Docume	ent number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CORPORATE CREATIONS NETWORK, INC.			ept. of State:	2922 AP.3
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				; , ,
	801 US HIGHWAY 1				<u>. </u>
	NORTH PALM BEACH F	L_33408			72
(b)	Enter name of NEW Registered Agent and/or NEW Registere		1.1		r\sigma
	Finet fiame of NEW Registered Agent and/of NEW Registered	o Omce ac	шаг	ess:	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . F	32301			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register lability co of the lin	ed om nite	office and the busi pany, it is hereby c ed liability compan	iness office of the registered confirmed that the change(s)
	/s/Santiago Ulloa		Santiago Ulloa - Manager		
Signa	ture of a member or authorized representative of a member			Printed or	r typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I do not not in this change.	ree to act perform d for in (hereby co	t in cane Che onf	this capacity. I fuce of my duties, an apter 605, F.S. Or firm that the limited	arther agree to comply with the od I am familiar with and accept if this document is being filed diability company has been
Signatu	Inace Coky Oly Ire of Registered Agent				
	e F. Kirhy. Asst. Vice President				

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