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

ACCOUNT NO. : 12000000195 REFERENCE : 471241 AUTHORIZATION CONTRACTOR COST LIMIT 4 \\$ 25.00 ORDER DATE: May 16, 2024 ORDER TIME : 1:49 PM ORDER NO. : 471241-223 CUSTOMER NO: 7596800 CHANGE OF AGENT NAME: TB 3138 COMMODORE HOLDINGS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller -- 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.

l. 1	Name of the limited liability company:TB 3138 COM	MODORE	HOLDINGS, LLC
2. (a)	(b)	o)
•	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 MARY STREET, #302		3109 GRAND AVENUE #349
	Coconut Grove, FL 33133		COCONUT GROVE, FL 33133
	05/14/2018		L18000118600
3.	Date of filing/registration in Florida	4.	Document number
5. (n)		
J. (Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE) 1200 S PINE ISLAND RD	T ADDRESS)	<u>n</u>
	PLANTATION . I	33324 FL	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, I	-L_32301	
chan; agent was/v	limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered liability cor s of the limi ne limited lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	-	Printed or typed name of signee
provi the o to me	weby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provia rely reflect a change in the registered office address, ed in writing of this change.	gree to act i le performat led for in Ci I hereby coi	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signa	Three Tokuble ture of Registered Agent	GRACE E	E. KIRBY, ASST. VICE PRESIDENT