L1800150101

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2022 APR - I AMILIA

CORPORATION SERVICE COMPANY

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

		ACCOU	NO.	:	12000000	00195	
		REFI	ERENCE	:	583464	3 837383	18
		AUTHORI:	ZATION	:	Spell	Kenan	ン
		COST	LIMIT	:	\$ \$25.00		
ORDER DA	TE :	March 31,	2022			. – – – <i>– – – –</i> .	
ORDER TI	ME :	2:37 PM					
ORDER NO). :	583464-013	L				
CUSTOMER	NO:	8373818	3				
		CHANG	GE OF A	<u>GEN</u>	T		
N	IAME :	BRUNFEI	LSIA NTI	NET	EEN MAR I	ıLC	
				-			
PLEASE R	ETURN	THE FOLLOW	VING AS	PR	OOF OF FI	LING:	
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CONTACT	PERSON	f: Alexxis	. Weilar	nd	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. Na	ame of the limited liability company: BRUNFELSIA	VINETE	EN	MAR LLC	
2. (a)		('b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/_		lailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	701 BRICKELL AVENUE, STE. 2100		7	701 BRICK	(ELL AVENUE, STE. 2100
	MIAMI, FL 33131		_ _ _	MIAMI, FL	33131
	06/19/2018		L	18000150	101
3.	Date of filing/registration in Florida	- 4.		Γ	Document number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	the Florid	ia De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SI		
	801 US HIGHWAY 1				
	NORTH PALM BEACH FI	33408			ZROZ AEW L
					= \$
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office at	ddro		-
		- (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	·············	7754 1784 1784
	Corporation Service Company				:?
	NEW Registered Office Address:				15
	1201 Hays Street				
	Tallahassee	32301			
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	red omp nite	office and pany, it is l d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	ntiago Ulloa	Sai	ntia	go Ulloa -	
I herei provisi the obli to mere potified	ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if in writing of this change.	ree to ac perform d for in (hereby c	t in anc Cha onfi	this canac	Printed or typed name of signee vity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
	re of Registered Agent \(\) E. Kirby, Asst. Vice President				
	Division of Corporations P.O. 1	Box 632	7• °	Tallahass	ee, FL 32314

FILING FEE: \$25.00