## 418000172773

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800384759118

7022 APR - 1 ATT TO BE TO AN ANADOLE FLORIT

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000000	1.95	
	REFERENCE	: 583464	8373818	
	AUTHORIZATION	Smill Bl	enan	
	COST LIMIT	//\	<i>/</i> ~~~	
ORDER DATE :	March 31, 2022			
ORDER TIME :	3:11 PM			
ORDER NO. :	583464-033			
CUSTOMER NO:	8373818			
	<u>CHANGE OF A</u>			
NAME:	BRUNFELSIA TW	ENTY-HALS3 LL(	C .	
	THE FOLLOWING AS	PROOF OF FILE	ING:	
XX PLAIN				
CONTACT PERSON	N: Alexxis Weila	nd EXT#		
		EVAMENCO.		

## 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	me of the limited liability company:  BRUNFELSIA T	WENT	Y-HALS3 LL	.C
2.	(a)			(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		701 BRICKELL AVE, STE 2100		701 BRI	CKELL AVE, STE 2100
		MIAMI, FL 33131	_	MIAMI, F	L 33131
		07/17/2018		L1800017	2773
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				_
		Registered Agent and Registered Office shown on the records of t CORPORATE CREATIONS NETWORK, INC.	he Flori	da Dept. of Sta	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					702
		801 US HIGHWAY 1	121/1/12	<u>3.57</u>	2022 AP.3
		NORTH PALM BEACH	NORTH PALM BEACH 33408		
		FL.			
	<i>(</i> <b>1</b> ).				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddress:	
					<u>~</u>
		Corporation Service Company			_
		NEW Registered Office Address:		<u>-</u>	_
		1201 Hays Street			_
		Tallahassee	32301		_
cha aga wa	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	red office ar company, it i mited liabilit	nd the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in
		ntiago Ulloa	Sa	intiago Ulloa	<u> </u>
	-	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	obli obli nere ified	ny accept the appointment as registered agent and agreems of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	re to ac perforn for in ereby c	et in this cap nance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	natur	e of Registered Agent E. Kirby, Asst. Vice President			
U	iutt	Division of Corporations P.O. B	ox 63	27• Tallaha	ssee, FL 32314

**FILING FEE: \$25.00**