000262134

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

Office Use Only



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8: 3**6**

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

ACCOUNT NO. : 12000000195							
REFERENCE : 159856 7779145							
AUTHORIZATION: Spellice Man							
COST LIMIT : \$ 25.00							
ORDER DATE : October 22, 2021							
ORDER TIME : 2:38 PM							
ORDER NO. : 159856-034							
CUSTOMER NO: 7779145							
CHANGE OF AGENT							
NAME: CODINA BUNNIECAKES, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
· · · · · · · · · · · · · · · · · · ·							
CONTACT PERSON: Eyliena Baker 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: CODINA BUNNI	ECAK	ES,	LLC		
2.	(a)	2020 Salzedo Street, 5th Floor		(b)	2020 Salze	redo Street, 5th Floor	
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		CORAL GABLES, FL 33134	_		CORAL GA	ABLES, FL 33134	
		11/13/2018	_	L	.180002621	134	
3.		Date of filing/registration in Florida	4.		D	Document number	
5.	(a)	ROMERO, RAFAEL					
•	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2020 Salzedo Street, 5th Floor			Dept. of State:		
						D21 TA	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	T 2			
		CORAL GABLES . FL	33134			6 M 8: 3:	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered of</u> Corporation Service Company <u>NEW Registered Office Address:</u> 1201 Hays Street	Office a	<u>iddro</u>	ress:		
		Tallahassee FL_	32301				
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rotal be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability and affirmative vote.	register pility c the lin	red on nit	office and to pany, it is he ed liability of	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		ure of a member or authorized representative of a member	Jili 	Ci	lmi, Authoria	ized Person	
I h pro the to n not	eret visio obli iere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided its reflect a change in the registered office address, I have in writing of this change.	e to ac erforn for in ereby c	t in tan Ch con	this canac	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
		Kirby, Asst. Vice President of Corporation Service Company					

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