L19000007420

| (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: | | | | | | | |
| | | | | | | | |
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Office Use Only



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COVER LETTER

| | sistration Section ision of Corporations | | • | | |
|-------------------|---|--------------|--|-------------------|--|
| SUBJECT: | UR3NA, LLC | | • | | |
| JOBSEC 1 | | e of Limited | Liability Company | | |
| Dear Sir or | Madam: | | | | |
| The enclose | ed Registered Agent/Registered Offic | ce Change a | nd fee(s) are submitted for filing. | | |
| Please retur | n all correspondence concerning this | matter to ti | ne following: | | |
| Laurel Urena | | | | | |
| Laurer Orena | Name of Person | | | | |
| | name of Person | | | | |
| Montani Sen | nper Liberi, LLC | | | ,0j | |
| | Firm/Company | | |) | |
| 100 S. Ashle | ey Dr., Ste. 600 | | ALLAHAS J. | 2021 HAR 18 | |
| | Address | | | - F | |
| Tampa, FL 3 | 33602 | | ूर्य : क्व | 1 7: 1:8 | |
| | City/State and Zip Code | | | æ | |
| laurel@mslf | la.com | | | | |
| E-mai | address: (to be used for future annu | al report no | tification) | | |
| For further i | information concerning this matter, p | olease call: | | | |
| Laurel Urena | 1 | 813 _at (| 459-5510 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| Reg Div P.C | iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enc | closed is a check for the following a | mount: | | | |
| ■ \$ | 25 Filing Fee | ū | \$55 Filing Fee & Certified Copy | | |
| INHS18 (2/1- | 4) | | | | |

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: UR3NA, LLC | _ | | | |
|-----------------------------|--|--|---|---|--|
| 2. (a) | 100 S. Ashley Dr., Ste. 600, Tampa, FL 33602 | Ashley Dr., Ste. 600, Ta | shley Dr., Ste. 600, Tampa, FL 33602 | | |
| ` , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limi (<u>Note: MAY BE PO</u> | | |
| | 01/04/2010 | L1900000 | 07420 | | |
| • | 01/04/2019 | | | | |
| 3. | Date of filing/registration in Florida David E. Urena | 4. | Document number | | |
| 5. (a) | Registered Agent and Registered Office shown on the records | of the Florida Dept. of S | tate: | | |
| | 100 S. Ashley Dr. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | <u> </u> | | |
| | Stc. 600 | . | | 2 (| |
| | Tampa | 33602 FL_ | | 2021 MAR | |
| (b) | Laurel Urena | | | IR 8 AH | |
| (0) | Enter name of NEW Registered Agent and/or NEW Register | ed Office address: | ·- | | |
| | Montani Semper Liberi, LLC | | | | |
| | NEW Registered Office Address: | <u> </u> | | · ~ co | |
| | 100 S. Ashley Dr., Ste. 600 | | | | |
| | Tampa, 1 | FL 33602 | _ | | |
| change agent v was/w | imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | he registered office a liability company, it s of the limited liabil | and the business office is hereby confirmed lity company or as of company. | ce of the registered that the change(s) | |
| -Signa | ture of a member or authorized representative of a member | | Printed or typed name | e of signee | |
| provisi he obi to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide elv reflect a change in the registered office address, d in writing of this change. | te pertormance of m | v duties, and Lam far | miliar with and accept | |
| <u> </u> | are of Registered Agent | | | | |