## U9 0000 35891

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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2024 JUNI 18 AHII: 14 2024 JUNI 18 AH 9: 14

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

7596800

COST LIMIT : \$ 25.00

ORDER DATE: May 16, 2024

ORDER TIME : 2:17 PM

ORDER NO. : 471241-244

CUSTOMER NO: 7596800

CHANGE OF AGENT

TERRA 2850 MARY HOLDINGS GP, NAME:

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

## 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: TERRA 2850 N	MARY HO	LDIN	INGS GP, LLC
2.	(a)		(t	a )	
	<b>\-</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)
		3310 MARY STREET, SUITE 302		31	109 GRAND AVENUE, #349
		COCONUT GROVE, FL 33133		C	COCONUT GROVE, FL 33133
		02/11/2019		L19	19000035891
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
٠.	(11)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	the Florida	1 Дер	pt. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 SOUTH PINE ISLAND ROAD					
		PLANTATION FI	33324		2024 JUN 18
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	4 / ) 60	. <b>.</b>	
		inter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>aress</u>	io' 👱 📆
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			· ·
					<del></del>
		Tallahassee , FI	. 32301 - <u></u>		
cha aga wa	inge ent w s/wc	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the organization or the operating agreement of the	registere ability co of the lim	ed of mpa: ited	office and the business office of the registered any, it is hereby confirmed that the change(s) dliability company or as otherwise provided in
Signature of a member or authorized representative of a member				. CIL	LMI, AUTHORIZED PERSON
					Printed or typed name of signee
I h pro the to i not	erek visio obli nere ifica	oy accept the appointment as registered agent and agr ins 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 i I in writing of this change.	ree to act performa d for in C hereby co	in th ince hapi infiri	this capacity. I further agree to comply with the e of my duties, and I am Jamiliar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	-	M. Hatch	GRACE E	E. KI	LIRBY, ASST. VICE PRESIDENT