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(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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OCT 28 2021 ! ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 159856 7779145

gher

AUTHORIZATION

ORDER DATE: October 22, 2021

ORDER TIME : 5:20 PM

ORDER NO. : 159856-119

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: PARCEL WC PROPERTY, 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	me of the limited liability company: PARCEL WC P	ROPER	TY, LLC			
2.	(a)	2020 Salzedo Street, 5th Floor	(b) 2020 s	Salzedo Street, 5th Floor		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	<u> </u>	Mailing address of limited lia (Note: MAY BE POST O		
		CORAL GABLES, FL 33134		CORA	L GABLES, FL 33134		
		05/22/2019	_	L19000	130889		
3.		Date of filing/registration in Florida	4.		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					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
						202	
		CORAL GABLES FL				2021 CU F	
	(b)		- <u></u>		_	$r \circ$	
						7	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	<u>ldress</u> :		M; 10:	ا المنافد ا
		Corporation Service Company					229
		NEW Registered Office Address:			_	9	
		1201 Hays Street					
					_		
		Tallahassee	32301				
ch: age wa	ange ent w is/we	mited liability company is not organized under the lator changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability co of the lin limited	ed office ompany, i nited liab liability c	and the business office of it is hereby confirmed that ility company or as otherw ompany.	the regineral	stered nge(s)
Signature of a member or authorized representative of a member				Jill Cilmi, Authorized Person Printed or typed name of signee			
I l pro tho to no	hereh ovisio obli mere tifiea X	y accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in (hereby c	in this co ance of n Chapter 6 onfirm th	anacity. I further garee to	- comple	with the nd accept eing filed is been
		e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company					