

L19 000145-774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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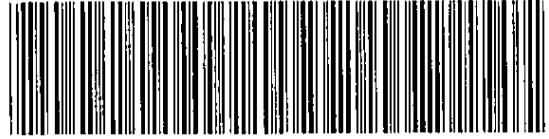
(Business Entity Name)

(Document Number)

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2024 JUN 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED

2024 JUN 18 AM 9:15

[Handwritten signature]

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

ACCOUNT NO. : I20000000195

REFERENCE : 471241 7596800

AUTHORIZATION

COST LIMIT \$ 25.00

ORDER DATE : May 16, 2024

ORDER TIME : 1:50 PM

ORDER NO. : 471241-225

CUSTOMER NO: 7596800

CHANGE OF AGENT

NAME: TB 3138 COMMODORE MEMBER
PARENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

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2024 JUN 18 AM 9:15

**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. Name of the limited liability company: TB 3138 COMMODORE MEMBER PARENT, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

3310 Mary Street Suite 302

Coconut Grove, FL 33133

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3109 Grand Ave #349

Coconut Grove, FL 33133

06/10/2019

L19000145776

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NRAI SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 S PINE ISLAND RD

PLANTATION, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi
Signature of a member or authorized representative of a member

JILL CILMI, AUTHORIZED PERSON

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT