Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE CSI INVERSIONES, LLC

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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: CSI INVERS	SIONES,	LLC			 -
2. (a)	9415 SW 72 ST., STE. 218	(b)	9415 SV	W 72 ST., STE. 218	}	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	Aniling address of limited lial (Note: MAY BE POST OF		
	MIAMI, FL 33173		MIAMI, I	FL 33173		
	06/13/2019		_1900014	18710		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	JORGE LUIS LOPEZ-GARCIA P.A.					
,	Registered Agent and Registered Office shown on the records of 9415 SW 72 ST., STE. 218	of the Florida	Dept. of State:	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
				Z-R	<u>J</u>	19.1
	MIAMI	33173		全国	2019 JUL 17	Gwinne. Intrime
(b)	Jorge Luis Lopez-Garcia P.A.			SECRETARY OF ST TALLAHASSEE, I	2	
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		T S	Öö		
	1450 Madruga Ave., Ste. 408			FL	81:8	
	NEW Registered Office Address:					
	Coral Gables , F	_L 33146				
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability con of the limited li	ered office upany, it is ted liability ability com	and the business office hereby confirmed that company or as otherw pany.	of the r the char	egistered ige(s)
	disotopic	Jeni	<u>·</u>	y, Attorney-at-Law		
-	ture of a member or authorized representative of a member			Printed or typed name of sig		24 .4
provisi	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act le performa led for in C I hereby co	in this capa nce of my d hapter 605, nfirm that ti	icity. I further agree to luties, and I am familia F.S. Or, if this docum he limited hability com	comply r with ai ent is be pany ha	with the nd accept ring filed s been
		isa Iriza	rry, Attoi	rney-at-Law		
Signatu	are of Registered Agent					