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(Re	questor's Name)			
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APR 0 4 2022 1 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 583464 8373818

AUTHORIZATION

COST LIMIT : 75 25.00

ORDER DATE: March 31, 2022

ORDER TIME : 3:09 PM

ORDER NO. : 583464-038

CUSTOMER NO: 8373818

CHANGE OF AGENT

NAME: BRUNFELSIA TWENTY-THREE LEON

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- 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. N	ame of the limited liability company: BRUNFELSIA	TWENTY-TH	REE LEON LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	701 BRICKELL AVE STE 2100	7	01 BRICKELL AVE ST	TE 2100	
	MIAMI, FL 33131		IIAMI, FL 33131		
	07/17/2019	L1:	9000175240		
3.	Date of filing/registration in Florida	- 4. -	Document nu	ımber	
5. (a)	Registered Agent and Registered Office shown on the records of	Ethe Florida De	nt of State:		
	CORPORATE CREATIONS NETWORK, INC.	Time Florida ise	pt. Of State.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	801 US HIGHWAY 1			:· >	
	NORTH PALM BEACH , FI	33408 L		F II 2022 APR -	
(b)				S - 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u>ss</u> :		
	Corporation Service Company			AMII: 06	
	NEW Registered Office Address:		- -	r 5	
	1201 Hays Street				
	Tallahassee	32301			
change agent v was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of ability comp of the limited limited liabi	ffice and the business any, it is hereby conful liability company or lity company.	office of the registered rmed that the change(s)	
	antiago Ulloa				
~	ture of a member or authorized representative of a member			I name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	performance ed for in Chap	e of my duties, and La pter 605, F.SOr, if th	m familiar with and accept his document is being filed	
	race 2-Kuble				
	re of Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00