

(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:							

Office Use Only







CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 583464 8373818							
AUTHORIZATION Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE: March 31, 2022							
ORDER TIME : 3:11 PM							
ORDER NO. : 583464-032							
CUSTOMER NO: 8373818							
CHANGE OF AGENT							
NAME: BRUNFELSIA TWENTY-FOUR RIVERPARK VENTURE 3 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.	Na	me of the limited liability company: BRUNFELSIA	TWENT	TY-F	OUR RIV	ERPARK VENTURE 3 LLC
2	(a)			(h)		
	(-)	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			701 BRIC	KELL AVE STE 2100
		MIAMI, FL 33131			MIAMI, FI	L 33131
		08/20/2019		L	19000208	3228
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)					
	,	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC.	of the Flor	rida I	Dept. of State	- e:
		Registered Office Address MUST BE FLORIDA STREET ADDR				707
		801 US HIGHWAY 1				2022 #25
		NORTH PALM BEACH	3340	8		_ : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
			L			-
	(b)	o)				
		Enter name of NEW Registered Agent and/or NEW Registered				
	Corporation Service Company NEW Registered Office Address:					
						_
	1201 Hays Street					
		Tallahassee	3230	1		
cha age wa	inge ent w s/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited result or authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registe liability of the l	ered con imit	office and pany, it is ed liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
/s/Santiago Ulloa Santiago Ull					ago Ulloa	- Manager
Signature of a member or authorized representative of a member						Printed or typed name of signee
pro the to i	visio obli nere ifiea	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, I in writing of this change.	ree to a e perfor ed for in hereby	ict ii mar i Ch con	n this capa ice of my a apter 605, firm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
<u>大</u> Sig G	natur	e of Registered Agent E. Kirby, Asst. Vice President	_			

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