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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 624566 7239431

AUTHORIZATION :

COST LIMIT : (\$\25.00

ORDER DATE: March 30, 2023

ORDER TIME : 2:23 PM

ORDER NO. : 624566-005

CUSTOMER NO: 7239431

CHANGE OF AGENT

NAME: POH II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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:					
	• • •		L.\			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	777 BRICKELL AVE 9TH FLOOR		777 BRIC	KELL AVE 9TH FLOC		
	MIAMI, FL 33131		MIAMI, FL	_ 33131		
	10/22/2019		L19000263	3200		
3.	Date of filing/registration in Florida	4.		Document number	***	
= (a)						
5. (a)	Registered Agent and Registered Office shown on the records of GINORIO, MARIA V	of the Florid	a Dept. of State	- ::		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		•	20'		
	777 Brickell Avenue, 9th Floor			•	2023 APR	7
	MIAMI F	L_33131			PR -1,	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company			· :	AH 10: 4!	-cup
	NEW Registered Office Address:			•		
	1201 Hays Street					
	Tallahassee, F	L_32301				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited let authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register liability co of the lin	ed office and ompany, it is nited liability	the business office of hereby confirmed that company or as others	f the registered t the change(s	d 5)
/S/ Ric	/S/ Richard Kohan		Richard Kohan, Authorized Person			
I here provisi the obl to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address. If the writing of this change.	gree to act e perform ed for in (hereby co	in this capa ance of my d Chapter 605, onfirm that to	Printed or typed name of society. I further agree to luties, and I am familia F.S. Or, if this document limited liability constitutions.	- o comply with	the reept filed en
Signatu	ace thole re of Registered Agent					
Grace	E. Kirby, Asst. Vice President					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00