## 49000300582

(Requestor's Name)				
(Address)				
(Address)				
( and )				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2021 OCT 26 MH 8: 40 SECRETATIVE STATE

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CHANGE SET 1606

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

CONTACT PERSON: Eyliena Baker -- EXT#

ACCOUNT NO. : 12000000195
REFERENCE : 159856 7779145
AUTHORIZATION : STELLE MAN
COST LIMIT : \$ 25.00
ORDER DATE: October 22, 2021
ORDER TIME : 2:58 PM
ORDER NO. : 159856-049
CUSTOMER NO: 7779145
CHANGE OF AGENT
NAME: CODINA MIRAMAR HOLDINGS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY

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.

I. Na	ame of the limited liability company:	MAR HOLDII	NGS, LLC
2. (a)	2020 Salzedo Street, 5th Floor	(b)	020 Salzedo Street, 5th Floor
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(*)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		ORAL GABLES, FL 33134
	12/16/2019	L19	9000300582
3. 5. (a)	Date of filing/registration in Florida ROMERO, RAFAEL	4.	Document number
·· (u)	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	f the Florida De <sub>l</sub>	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2021 SEC
	CORAL GABLES F	L	021 007 26 AH 8: SECRETALL AND SECRETAL AND SECRET
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addres</u>	*
	Corporation Service Company		- <del> </del>
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	L	
change agent v was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member observed the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	e registered o iability compa of the limited liabi limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Authorized Person  Printed or typed name of signce