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Division of Corporations

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Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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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

rioria		0 0 4 511			
i. Na	ame of the limited liability company: 2 BRO	<u>S & A PU</u>	PPY, LLC		
2 (a)	1800 N BAYSHORE DR	(b) 18	(b) 1800 N BAYSHORE DR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	1915	19	915		
	MIAMI, FL 33132	MI	MIAMI, FL 33132		
	02/03/2020	L20	L20000040408		
3.	Date of filing/registration in Florida	4.	Document r	number	
5. (a)	ELIJAH SIROTA				
J. (a)	Registered Agent and Registered Office shown on the record	is of the Florida Dep	t. of State:		
	1800 N BAYSHORE DR				
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)			
	APT 1915				
	Miami	, FL 33132			
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Regist			21 3H	
	7901 4th St N			- ,	
	NEW Registered Office Address:		10	· 글 (*)	
	STE 300			* ভূ	
	St. Petersburg	, _{FL} 33702		Ξ΄	
the chagent was/withe art Signa I here provise the obto mer	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membricles of organization or the operating agreement of a member or authorized representative of a member or by accept the appointment as registered agent and complications of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addressed in pritting of this change.	ss of the registere ed liability compa ers of the limited f the limited liabi Riley F	ed office and the bus any, it is hereby con liability company of lity company. Park Printed or typ this capacity. I furth	siness office of the reg offirmed that the change or as otherwise provide ped name of signee ther agree to comply we I am familiar with and	ed in

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

Assistant Secretary

Bill Havre

Signature of Registered Agent