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L20000060153

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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LLC RACH

6/18/23

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

(a)		(b)	Mailing address of limited liability company
	Principal office address of limited liability compart (<i>Note: MUST BE STREET ADDRESS</i>)	ny:	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
	2020 Salzedo Street, Suite 200		2020 Salzedo Street, Suite 200
	Coral Gables, FL 33134		Coral Gables, FL 33134
	03/04/2020	I	.20000060153
	Date of filing/registration in Florida		Document number
(a)			
	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:
	Harold Eisenacher		
	Registered Office Address (MUST BE FLORIDA ST	<u>REET ADDRESS)</u>	
	2020 Salzedo Street, Suite 200		
	Coral Gables	FL 33134	
(b)		·······	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	eistered Office add	<u>ress</u> :
	Steven Vainder		
	NEW Registered Office Address:	u	
	2020 Salzedo Street, Suite 200		
	Coral Gables	. FL ³³¹³⁴	
iange jent v as/wi	imited liability company is not organized under or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the mem- icles of organization or the operating agreement of	the laws of the of the registere ited liability con bers of the limi	State of Florida, it is hereby confirmed that all d office and the business office of the registere npany, it is hereby confirmed that the change(s ted liability company or as otherwise provided

Signature of a member or bothorized representative of a member

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. ĺ 11

Signature of Registered Agent

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