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To:	Division of Conservations					
	Division of Corporations Fax Number : (850)617-6383					
From:						
11011.	Account Name : REGISTERED AGENTS INC.					
	Account Number : I2009000081	1AL 2				
	Phone : (307)200-2803					
	Fax Number : (855)330-1010	AHA				
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Help

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.

]. Na	me of the limited liability company: 4010-410)5 BH	I LLC					
			(b) 1901 PONCE DE LEON BLVD					
- (0)	Principal office address of limited hability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0	,	Mailing address of limited lia (Note: MAY BE POST O	ability com	pany:		
	CORAL GABLES, FL 33134		CORAL	. GABLES, FL 33134	4			
	09/04/20		L20000	276370				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	BELLO & MARTINEZ, PLLC							
3. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:				
	2850 DOUGLAS ROAD, 3RD FL							
	Registered Office Address (MUST BE FLORIDA STREET /	_						
					Α ^c	20		
	CORAL GABLES	33134	1	 .		2021 SEP 28		
(b)	Registered Agents Inc.				SSEE		FILED	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:			AM	0	
	7901 4th St N				ORID	AM 11: 16		
	NEW Registered Office Address:				Þ	5		
	STE 300							
	St. Petersburg, FL	33702	2					
the cha agent v was/we the arti <u>Rill</u> Signat	imited liability company is not organized under the lay inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the uncept a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	the regi ability co of the lin limited Rile ree to act perform	stered offic ompany, it lited liabili liability co ey Park t in this cap ance of my	ce and the business offic is hereby confirmed tha ity company or as othery mpany. Printed or typed name of s pacity. I further agree to chilles, and I am famili	e of the r t the char vise prov ignee o comply ar with a	egister ige(s) ided in with the	he	
the obl to mere	igations of my position as registered agent as provide ely reflect a change in the registered office address, l l'in writing of this change.	d tor m (. havter 00	D, F, S, Or, If this about	nem is de	те нь	ea	

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

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