

# L20000327594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

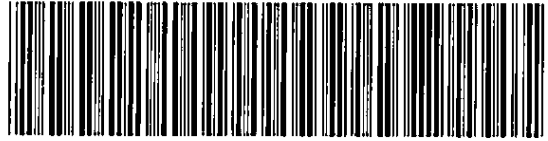
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000369892180

FILED  
2021 AUG -4 PM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FL  
08/04/21--010032-019

RECEIVED  
2021 AUG -4 PM 2:46  
TALLAHASSEE  
FL

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED R/A CHANGE FOR:

G5 - PROP LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9053      FOR: \$75.00      (\$25.00 for this filing)

THANK YOU!

RECEIVED  
2021 AUG -4 PM 2:43  
TALLAHASSEE

**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. Name of the limited liability company: G5 - PROP LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>19501 WEST COUNTRY CLUB DRIVE, APT 1815</u> <u>AVENTURA, FL 33180</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>19501 WEST COUNTRY CLUB DRIVE, APT 1815</u> <u>AVENTURA, FL 33180</u>
--	--

3. <u>OCTOBER 15, 2020</u> Date of filing/registration in Florida	4. <u>L20000327594</u> Document number
--	---

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ITA SOLUTIONS CORP  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4987 N UNIVERSITY DR, SUITE 27  
LAUDERHILL, FL 33351

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
ATRIUM REGISTERED AGENTS, INC.  
NEW Registered Office Address:  
8950 S.W. 74th CT., SUITE 1901  
MIAMI, FL 33156

**FILED**  
2021 AUG -4 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

EDMON E. BARNICHTA

Printed or typed name of signee

*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, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent  
Alfredo R. Tamayo

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