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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ...

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LLC REGISTERED AGENT CHANGE MIAMI SOFI BEST LLC

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APR 1 4 2022



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	me of the limited liability company: MIAMI SC	וווע	ヒト	SI LLC			
2. ((a)		_ (I	o)	<u> </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)			
		12/03/20	 - <u>,</u>		0000367432			
3.		Date of filing/registration in Florida	4.		Document number			
5. (a	(a)	GREGORY R. FISHMAN, P.A.						
		Registered Agent and Registered Office shown on the records of the	of State:					
		2750 NE 185TH STREET						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		SUITE 204						
		AVENTURA, FL.	22					
(b	(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	d Office address:		FILED 2022 APR 13 PH 7:16			
		St. Petersburg, FL	3370	2				
the age was	cha nt v s/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the lin limited	istered ompan nited li liabilit	in the equipment of the registered by, it is hereby confirmed that the change(s) in the registered in the company of as otherwise provided in the company.			
		Rilly tak	<u>KI</u>	ley P	Printed or typed name of signee			
	_	ture of a member or authorized representative of a member		دامين ما	•			
pro the to n	visi obl nero	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change.	ee 10 ac perform I for in vereby c	a in ini nance o Chapto vonfirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been			

Signature of Registered Agent

- Assistant Secretary

Bill Havre