L21000161046

(Requestor's Name)			
10.00			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 583464 8373818			
AUTHORIZATION :			
COST LIMIT : \$25.00			
ORDER DATE: March 31, 2022			
ORDER TIME : 3:09 PM			
ORDER NO. : 583464-026			
CUSTOMER NO: 8373818			
CHANGE OF AGENT			
NAME: BRUNFELSIA THIRTY-THREE LEVINE LEICHTMAN CAPITAL PARTNERS LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland EXT#			
EXAMINER:			

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. 1	Jame of the limited liability company: BRUNFELSIA T	HIRTY-THREE LEVINE LEICHTMAN CAPITAL PARTNERS ELC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	701 BRICKELL AVE STE 2100	701 BRICKELL AVE STE 2100
	MIAMI, FL 33131	MIAMI, FL 33131
	04/15/2021	L21000161046
3.	Date of filing/registration in Florida	4. Document number
5. (a)	
J. (c	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK, INC.	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS) :
	801 US HWY 1	_
	NORTH PALM BEACH	33408
	, rı	-
(b)	<i>د</i> ر در الم
	Enter name of NEW Registered Agent and/or NEW Registered	
	Corporation Service Company	
	NEW Registered Office Address:	
	1201 Hays Street	
	Tallahassee	32301
		·
chang agent was/v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li-	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	intiago Ulloa	Santiago Ulloa - Manager
	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provi: the ob-	sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I i	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed pereby confirm that the limited liability company has been
notific	ed in writing of this change.	
Signat	ure of Registered Agent ce E. Kirby, Asst. Vice President	

FILING FEE: \$25.00