L21000164510

(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:						

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MECTIVED

A. BUTLER MAY 20 2022 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 692352 8281792						
AUTHORIZATION: Lovello of one						
COST LIMIT : \$ 25.00						
ORDER DATE : May 18, 2022						
ORDER TIME : 8:02 AM						
ORDER NO. : 692352-018						
CUSTOMER NO: 8281792						
CHANGE OF AGENT						
NAME: CURATED LAMAR INVESTMENTS 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. Na	ame of the limited liability company: CURATED L	AMAR IN\	/ESTMENTS	SLLC
2. (a)			(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1412 NW 23RD ST.		1412 NW	/ 23RD ST.
	MIAMI, FL 33142		MIAMI, F	L 33142
	04/08/2021		L21000164	4510
3.	Date of filing/registration in Florida	4.		Document number
5 (A				
5. (a)	Registered Agent and Registered Office shown on the records		da Dept. of Stat	te:
	NRAI SERVICES, INC.	4	• • • • • • • • • • • • • • • • • •	
	Registered Office Address (MUST BE FLORIDA STREE	FT ANDRE		_
	1200 SOUTH PINE ISLAND ROAD	<u>LI ADDKE.</u>	<u>,,,,,</u>	20 St
	1200 GOOTH FINE ISLAND NOAD			SECRETATALLA
	PLANTATION	FL 33324		LÉE AY
	-		<u> </u>	
(b)				<i>us</i> •
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	- SEE. SEE.
	Corporation Service Company			D 2: 44 STATE E. FI.
	NEW Registered Office Address:			-
	1201 Hays Street			_
	Tallahassee	FL 32301		
	·			_
If the I	imited liability company is not organized under the or changes are made, the Florida street address of t	laws of th	e State of Flo	orida, it is hereby confirmed that after the
agent v	will be identical. Or, in the case of a Florida limited	Hiability c	ompany, it is	s hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t			
			-	d, Authorized Person
/S Signa	/s/Cody Littlewood Signature of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address. In writing of this change.	igree to ac le perform ded for in I heroby c	t in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the
	/Grace E. Kirby	Grace E. Kirby, Asst Vice President		
Signatu	re of Registered Agent			