L21000193667

(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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RECFIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95			
	REFERENCE	:	583464	8373818			
	AUTHORIZATION	: /	Jack as				
	COST LIMIT	; 	\$ 25.00	man			
ORDER DATE : M	March 31, 2022						
ORDER TIME :	3:07 PM						
ORDER NO. : 5	83464-021						
CUSTOMER NO:	8373818						
		-		-			
CHANGE OF AGENT							
NAME: BRUNFELSIA THIRTY-FOUR GREENSPRING ASSOCIATES, LLC							
PLEASE RETURN T	HE FOLLOWING AS	PRO	OOF OF FILI	NG:			
CERTIFIED COPY XX PLAIN STAMPED COPY							
AA PLAIN S	TAMPED COPI						
CONTACT PERSON: Alexxis Weiland EXT#							

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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.

l. Na	me of the limited liability company: BRUNFELSIA	THIRTY-	FOUR GRE	ENSPRING ASSOCIATES, LLC
2. (a)		(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	701 BRICKELL AVENUE SUITE 2100		701 BRIC	CKELL AVENUE SUITE 2100
	MIAMI, FL 33131		MIAMI, F	L 33131
	05/04/2021		L2100019	3667
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC	f the Florid	a Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET	_		
	801 US HIGHWAY 1	2022		
	NORTH PALM BEACH			
				- -
(b)	Enter name of NEW Registered Agent and/or NEW Registere	4.055	1.1	- 🗓
	Enter name of NEW Registered Agent and/or NEW Registere	o Omce ac	ioress:	÷
	Corporation Service Company			
	NEW Registered Office Address:			-
	1201 Hays Street			_
	T-0.1	00004		
	Tallahassee F	L_32301		_
change agent w was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la ore authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability co of the lin	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	ntiago Ulloa	Sar	ntiago Ulloa	<u> </u>
_	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the oblination of the oblination of the provision of the oblination of the	ny accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, It in writing of this change.	e perform	ance of my a	duties, and Lam familiar with and accept -
Signatur	e of Registered Agent E. Kirby, Asst. Vice President			
01400	in the opposite the Hesidelle			