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(((H230000627913)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE ONE THOUSAND MIA LLC

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Help

From: Jennifer Care

15185141282

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. N	ame of the limited liability company: ONE THOUSAN	D MIA LLC	
2. (a)	11945 SW 140TH TERRACE	(b) 11945 SW 140TH TERRACE	
	Principal office address of limited liability company: (Nute: MUST BE STREET ADDRESS)		Mailing address of finited liability company: (Note: MAY BE POST OFFICE ROX)
	MIAMI, FL 33186	MIAMI,	FL 33186
	07/06/2021	1.2100030	99094
 (a) 	Date of filing/registration in Florida CHRISTIAN ALVAREZ	4.	Document number
υ. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept of Si	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2023 FER
(b) .	MIAMI , FL	33186	E017 P
	C T Corporation System		→
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	17 AH 11: 47
	NEW Registered Office Address:		_
	1200 South Pine Island Road		
	Plantation, FL	33324	<u> </u>
the cha agent v was: we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the Authorized Representative	the registered offi ability company, it if the limited liabil	ice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
•	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified By:	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of any position as registered agent as provided by reflect a change in the registered office address, I leave the configuration of this change. CT Corporation System TO OF Registered Agent SEAN LEMERICK ASSISTANT SECRETARY	ee to act in this ca performance of m a for in Chapter of tereby confirm the	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed a the limited liability company has been