Florida Department of State Division of Corporates Electronic Ething Cover Sheet

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	MIAMI 62 INVEST	VIENTS LLC	•
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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

Florid		1 CO INV/ECT	NATAITO LLO		
L N	ame of the limited liability company: MIAM	1 62 INVEST	MENTS 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)		
			200211010		
	07/07/21		000311818		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of	State:		
	6767 COLLINS				
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	全点 2 0		
	APT 603			m	
	MIAMI BEACH	_{. FL} 33141	2022 OCT 20 PM 2: 03 SECRETARY OF STATE TALLAHASSEE, FL	D	
(b)	Registered Agents Inc		O3))	
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	_, _{FL} 33702			
the ch agent was/w the art	limited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicieles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of	ess of the registered of ited liability company, bers of the limited liab	Tice and the business office of the it is hereby confirmed that the cha pility company or as otherwise pro company.	registered inge(s)	
Signature of a member or authorized representative of a member		_ Trincy i a	Printed or typed name of signee		
I here provis the ob to mer	by accept the appointment as registered agent are ions of all statutes relative to the proper and con- ligations of my position as registered agent as pr ely reflect a change in the registered office addre ed in writing of this change.	nd agree to act in this coolege performance of	my duites, and I am lamiliar with a	and accept	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent