## 12100358102

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



600371421676

SECRETARY OF STATE

2021 AUG 25 AM 8: 56

THE STATE OF THE S

2021 AUG 25 PH 3: 4

DECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 972532 7289394								
AUTHORIZATION melle le man								
COST LIMIT (, \^\\$/25.00								
ORDER DATE : August 23, 2021								
ORDER TIME : 2:05 PM								
ORDER NO. : 972532-005								
CUSTOMER NO: 7289394								
CHANGE OF AGENT  NAME: 8800 COLLINS HOLDINGS, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY  XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker 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. N	ame of the limited liability company:	8800 Collins Ho	oldings, l	LLC				
2. (a)				o)				
(,	Principal office address of limited li (Note: MUST BE STREET.		_ (	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)				
	350 NE 24th Street, Suite 108			350 N	E 24th Street, Su	ite 108		
	Miami, FL 33137		_	Miami, FL 33137				
	08/09/2021			L21000	0358102			
3.	Date of filing/registration in	n Florida	4.	•	Document nu	ımber		
5. (a)	Diego Bonet							
5. (a)	Registered Agent and Registered Office sho	wn on the records of the	he Florida	Dept. of	State:			
						65	2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					ĘĞ.	021	
	350 NE 24th Street, Suite 108					F- ( )021 AUS SECRET TALL/	1 1	
	Miami	, FL_	33137					
						ည်းက		ુ કર્યું જુ <del>ન્યા</del> લુ
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						င္	Cons
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						9	
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
		•						
	Tallahassee	, FL	32301					
change agent v was/we	imited liability company is not organ to or changes are made, the Florida straight be identical. Or, in the case of a sere authorized by an affirmative vote icles of organization or the operating	eet address of the r Florida limited lial of the members of	registere bility co f the lim imited li	ed office mpany, ited liab iability o	and the business it is hereby confi- pility company or company.	office of trimed that	the reg the cha	istered inge(s)
	/s/ Diego Bonet		Dieg	go Bone				
-	ture of a member or authorized representative				Printed or typed	•		
provisi the obl to mero notified	by accept the appointment as register ions of all statutes relative to the proplications of my position as registered ely reflect a change in the registered of in writing of this change.	ed agent and agre per and complete p agent as provided office address, I hi	e to act performa for in C creby co	in this c ince of r hapter o infirm th	capacity, I further ny duties, and I a. 605, F.S. Or, if th hat the limited lial	r agree to m familian his docume bility comp	comply with a comply with a complex contract to the co	y with the and accept being filed as been
	ylim Bill							
Signatu	re of Registered Agent							