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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

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K. SALY

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STATE	MENT OF CHAN	GE OF REGISTERED O LIMITED LIABI				R BOTH FOR
Pursuant . submits th Florida.	to the provisions of s he following stateme	nections 605.0114 or 605.0116 nu in order to change its rej BATUR INVI	zistere	d office or re	gistered agent, or hoth	liability company 1, in the State of
1. Name	of the Limited Liabili			TO LEG	•	
2. (a) <u>12</u>	00 BRICKELL A	VE STE 800		(b) 1200 BF	RICKELL AVE STE	800
	-	ass of limited liability company. **BE STREET ADDRESS**)		٨	Mailing address of limited tial (Note: MAY BE POST OF	
<u>м</u>	IAMI, FL 33131			MIAMI, F	FL 33131	
9/	/23/2021			L21000	<i>42</i> 0595	
3.		registration in Florida	4.	***************************************	Document number	
. (-) FI	INANZ RHTIK MI	ANAGEMENT LLC				
		ared Office shown on the records of	the Flor	ida Dept. of State	;	
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		(MUST BE FLORIDA STREET.	(DDRE	.222		
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M	IAMI	, FL	331	31		
a. C	anital Compando I	Camilana Ina				• •
	apitol Corporate :	red Agent and/or NEW Registered	Office	address:		
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51	5 East Park Ave	nue 2nd Fl				
	W Registered Office Add					
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Та	allahassee	, FL	323	01		
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lf the limit the change	ted liability company or changes are made	is not organized under the lave, the Florida street address of	vs of ti the re	he State of Flo gistered office	rida, it is hereby confirm and the business office	ned that after
agent will	be identical. Or, in t	he case of a Florida limited lu	ibility	company, it is	hereby confirmed that I	the change(s)
was/were a the articles	authorized by an attu sofaceanization or t	mative vote of the members of he operating agreement of the	t the t limite	mited liability d liability com	' company or as otherwi pany,	se provided in
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U		representative of a member	_		Printed or typed name of sig	nec
I hereby a provisions the obligat to merely i notified in	nccept the appointme of all statutes relative tions of my position of reflect a change in the writing of this change	nt as registered agent and agr w to the proper and complete is registered agent as provide e registered office address, I) te.	ee lo e perfor d for it tereby	act in this capa mance of my a n Chapter 605, confirm that i	icity. I further agree to hites, and I am familian F.S. Or, if this docume he limited liability comp	comply with the with and accept in its heing filed wany has been
3im	- Parelante				nt Secretary on	
Signature of	Registered Agent	behaif	of Ca	pital Carpar	rate Services, Inc.	
	Divis	don of Corporations P.O. I			see, FL 32314	

INHS18 (2/14)