121000465414

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

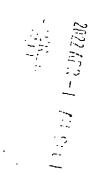
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO. :	I2000	0000195			
		REF	ERENCE :	583464	8373818	3		
		AUTHORI2	: NOITA	Line	Seleman	,		
.		COST	LIMIT :	\$ (2))0	_ 		
ORDER D	ATE :	March 31,	2022					
ORDER T	IME :	3:06 PM						
ORDER N	0. :	583464-019	•					
CUSTOME	R NO:	8373818	3					
<u>CHANGE OF AGENT</u>								
NAME: BRUNFELSIA THIRTY-EIGHT MARCH CAPITAL PARTNERS IV, LLC								
	CERTIF	THE FOLLOW		PROOF OF	FILING:			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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: BRUNFELSIA T	HIRTY-	EIGHT MA	RCH CAPITAL PARTNERS IV, 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 AVE STE 2100		701 BRI	CKELL AVE STE 2100			
	MIAMI, FL 33131	_	MIAMI, F	FL 33131			
	10/27/2021		L2100046	5414			
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.	the Florid	a Dept. of Sta	ie:			
	Registered Office Address (MUST BE FLORIDA STREET)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	801 US HWY 1	192					
	NORTH PALM BEACH	33408		2022 A.S 1			
	FL.						
(b)							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office as	<u>idress</u> :	- 1.7			
	Corporation Service Company			-			
	NEW Registered Office Address:	. <u> </u>		_			
	1201 Hays Street			_			
	Tallahassee	32301					
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the register bility co f the lin	ed office ar ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in			
/s/Santiago Ulloa Santiago Ulloa -							
_	ture of a member or authorized representative of a member			Printed or typed name of signee			
provisi the obi to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ignitions of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perform	ance of mv	duties, and I am familiar with and accept-			
Signatu	re of Registered Agent CE. Kirby, Asst. Vice President						
Chac	Division of Corporations • P.O. E	30x 632	7● Tallaha	ssee, FL 32314			

FILING FEE: \$25.00