L21000468547

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

Office Use Only



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ECRETARY OF STATE

A. BUTLER MAY 20 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95						
	REFERENCE	: 692352	8281792						
	AUTHORIZATION	Inul of	Man)						
	COST LIMIT	: \$ 2500							
ORDER DATE :	May 18, 2022								
ORDER TIME :	7:57 AM								
ORDER NO. :	692352-004								
CUSTOMER NO:	8281792								
CHANGE OF AGENT									
NAME: 4227 GULF DRIVE SANIBEL TWO, LLC									
	THE FOLLOWING AS	PROOF OF FILI	NG:						
XX CERTIF	FIED COPY STAMPED COPY								

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.	Na	ame of the limited liability company: 4227 GULF DE	RIVE SA	NIE	BEL TWO	LLC		
	(a)							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		1412 NW 23RD ST	1412 NV			W 23RD ST		
		MIAMI, FL 33142 10/29/2021			MIAMI, FL 33142			
					2100046	8547		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	GRAYROBINSON, P.A.						
٥.	(a)	Registered Agent and Registered Office shown on the records o	f the Flori	da I	Dept. of Sta	te:		
		301 E. PINE STREET, SUITE 1400						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		
	ATTN: TUCKER THONI					20		
		ORLANDO , F	32801			E II. 2022 HAY 19 SECRETAR TALLAHI		
						AY 19 AM LANKASSEE		
	(b)							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			TOF ST				
	Corporation Service Company			9: 23 FATE				
	NEW Registered Office Address:							
		1201 Hays Street				_		
		Tallahassee, F	12301			_		
cha age wa	inge ent w s/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability c of the lii	red com mit	office an pany, it i ed liabilit	of the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in		
		/s/Cody Littlewood	Co	ody	Littlewoo	d, Authorized Person		
S	ignat	ture of a member or authorized representative of a member				Printed or typed name of signee		
pro the to i	visie obli nere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I I in writing of this change.	ree to ac perform ed for in hereby c	et ir nan Ch con	this cap ce of my apter 602 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
					irby, Asst Vice President			
Sig	natui	re of Registered Agent						