## L21000472739

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

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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:	EAL EST	ΑT	EINVEST	MENTS, LLC					
2. (a)	382 NE 191st St		(b) 382 NE 191st St							
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)		Mailing address of (Note: MAY B		_			
	SUITE 23501			SUITE 23	3501					
	MIAMI, FL 33179			MIAMI, FI	L 33179		•			
	11/01/2021		L	.21000472	2739					
3.	Date of filing/registration in Florida	4.	_		Document nu	mber		• • •		
5. (a	)									
J. (u	Registered Agent and Registered Office shown on the records of LITTLEWOOD, CODY W	of the Flori	ida I	Dept. of State	- e:					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)		_					
	1412 NW 23RD ST						20			
	MIAMI	33142		-	_	-	2022 (1.05			
	I	·I			-		د ت			
(b)							0			
(0)	Enter name of NEW Registered Agent and/or NEW Register	Enter name of NEW Registered Agent and/or NEW Registered Office address:								
	Corporation Service Company				AH 9: 29	. 41				
	NEW Registered Office Address:	-		ω						
	1201 Hays Street	_								
	Tallahassee	:L_ <u>3230</u> 1	_		_					
chang agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registe liability of of the li	red con mit	office and pany, it is ed liability	d the business s hereby confir y company or a	office of med that	the reg	istered inge(s)		
,	s/Cody Littlewood	Co	ody	Littlewood	d, Authorized F	Person				
	nture of a member or authorized representative of a member		Printed or typed name of signee							
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, t d in writing of this change.	gree to ac e perform led for in I hereby	et it nar Cli con	n this capa ace of my a apter 605, firm that t	icity. I further luties, and I ar , F.S. Or, if th he limited liah	agree to n familia is docum ility com	o compl or with a nent is h npany h	v with the ind accept eing filed as heen		
	/Grace E. Kirby	<u>G</u>	Grace E. Kirby, Asst Vice President							
Signate	ire of Registered Agent									