L22000115929

(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:					
J. HORNE					
OCT 13 2022					

Office Use Only



900395148409

TIL TU 2022 OCT 12 AN IO: 07 SECRETARY PERSON





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10	0/12/2022							
Name:	Merritt Walker	_						
Reference #:	1795030							
		2 BISCAYNE BEACH LLC						
	of Incorporation/Authorization	to Transact Business						
☐ Amendm								
✓ Change of Reinstate	_							
Conversi	Conversion							
Merger	Merger Merger							
☐ Dissolution	on/Withdrawal							
Fictitious	Name							
Other								
Authorized Amo	ount: \$25							
Signature:	mw							

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022							
Name:	Merritt W	alker						
Reference #	#:179 <u></u>	5030						
			BISCAYNE BEACH LLC					
☐ Artic	les of Incorporatio	n/Authorization t	o Transact Business					
Amendment								
Change of Agent Change of Agent								
Rein	Reinstatement							
Con\	Conversion							
☐ Merg	☐ Merger							
☐ Dissolution/Withdrawal								
☐ Fictit	ious Name							
☐ Othe	r							
Authorized	Amount:	\$25						
Signature:		mw						

F: 800.944.6607

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.

I. No	ame of the limited liability company: 8 SQUARE	D RE 19	902 BIS	CAYNE BEACH 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)
	No Change		No Ch	ange
	March 21, 2022			L22000115929
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC	•		
. (.,	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of S	tate:
	1317 CALIFORNIA ST			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7	
	TALLAHASSEE	32304		
(b)	COGENCY GLOBAL INC.			20
(- ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:	
	115 North Calhoun St., Suite 4 NEW Registered Office Address:			FILL ANIO: 07
	Tallahassee II	32301		0: 07
the cha agent v was/wa	imited liability company is not organized under the la unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis ability co of the lim	stered off impany, i ited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
/s/ Ju	ılie Gracz	Julie	Gracz	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provist the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to act perform ed for in (hereby co	in this cance of n Thapter 6 Thapter 6	apacity. I further agree to comply with the ty duties, and I am Jamiliar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

Signature of Registered Agent S

/s/ Sean Honan