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CORPORATION 1201 Hays St Tallhassee, Phone: 850-5	FL 32301
	ACCOUNT NO. : I2000000195
	REFERENCE : 345674 2959035
	AUTHORIZATION : 7
	COST LIMIT : \$ 25.00
ORDER DATE :	January 11, 2023
ORDER TIME :	12:57 PM
ORDER NO. :	345671-010
CUSTOMER NO:	7959035
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	<u>CHANGE OF AGENT</u>
NAME :	EVIVA UPTOWN AVENUE 7 LLC
	N THE FOLLOWING AS PROOF OF FILING:
	IFIED COPY N STAMPED COPY
	ON: Alexxis Weiland EXT#
CONTACT PERS	EXAMINER:
	EXAPIINER:

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.

 	Mailing address of limite (<u>Note: MAY BE POS</u> 191 PEACHTREE ST. NE 410 ATLANTA, GA 30303 L22000198014 Document number Dept. of State:	<u>TOFFICE BOX</u>)
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registered bility cor f the limi	d office and the business office npany, it is hereby confirmed t ted liability company or as othe	of the registered hat the change(s)
	Office add Office add 32301 's of the s registered bility cor f the limi limited li	33140 Office address: 32301 /s of the State of Florida, it is hereby con- registered office and the business office bility company, it is hereby confirmed to f the limited liability company or as oth limited liability company. Patricia Hartley

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kubi nacel

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00