

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

500432335305

FILED 2024 AUG 27 AM 9: 02 SECRETARY OF STATE TALLAHASSEE. FL

2024 AUG 27 PM 3: 38

.`\'

Office Use Only

· · · · ·		
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500		
ACCOUNT NO.	:	12000000195
REFERENCE	:	607832 8455564
AUTHORIZATION	:	THE DAY
COST LIMIT	;	\$ 25.00

- ORDER DATE : August 27, 2024
- ORDER TIME : 1:15 PM

. . .

- ORDER NO. : 607832-015
- CUSTOMER NO: 8455564

CHANGE OF AGENT

NAME: ZYSCOVICH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: ____

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.

2. (a)		(h	ı)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 N. BISCAYNE BLVD, 27TH FLOOR		100 N. B	ISCAYNE BLVD. 27TH FLOOR
	MIAMI, FL 33132		MIAMI, F	FL 33132
	06/06/2022		L2200024	48603
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Sta	
	C T CORPORATION SYSTEM			TALLAHA
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	
	1200 SOUTH PINE ISLAND ROAD			27 L
	PLANTATION, F	L	-	FILED AUG 27 AM S ALLAHASSEE
(b)				- E, FL 9: 02
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:	_
	Corporation Service Company			
	NEW Registered Office Address:			<u> </u>
	1201 Hays Street			_
	Tallahassee, F	L		_
change agent v was/we the arti	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 litere authorized by an affirmative vote of the members cles of organization or the operating agreement of the law Muranide.	e registere iability co of the lim e limited li	d office ar mpany, it ited liabili iability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	Jose Murguido	Jose	e Murguido	p, Authorized Person
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	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 ely reflect a change in the registered office address, I I in writing of this change.	ree to act e performa ed for in C hereby co	in this cap ince of my hapter 60. infirm that	pacity. 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

Signature of Registered Agent

•

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

CSC 607832