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D	ate: 04/25/2	025	anic DW
	Acc#12	0160000072	41: () = W
Name:	BAL HARBOR CAPIT	AL PARTNERS	LLC
Document #:			
Order #:	16280826		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		f Destination:	
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Thank you!

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. Na	nne of the limited liability company: BAL HARBOR	CAPITAL PARTNER	S LLC
2. (a)		4.	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	545 NW 26TH STREET MIAMI, FL 33127	545 NW 2	6TH STREET MIAMI, FL 33127
	06/30/2022	1,22000295	036
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	TE:
	ACTUATE LAW, LLC	<u> </u>	· 25
	Registered Office Address (MUST BE FLORIDA STREET) 545 NW 26TH STREET	<u>'ADDRESS)</u>	2025 AFR 25 AH 9: 09
	Miami , F	L_33127	3.0
(L)	C T Corporation System		9.09
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	- ::
	NEW Registered Office Address:	_	_
	1200 South Pine Island Road		
			_
	Plantation, F	L	_
the cha agent v was/wathe	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members nization or the operating agreement of the	of the registered offic liability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis. the obj to mer notifie	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 provided with the reflect a change in the registered office address, if a din writing of this change. C. T. Corporation System	e performance of my led for in Chapter 60 I hereby confirm tha	pacity. I further agree to comply with the duties, and I am jamiliar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been
By: Signati	Rose Song, Assistant Song of Registered Agent	ecretary	

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