## Ł Florida Department of State Division of Commattees

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 : (307)200-2803 Fax Number (855)330-1010

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## LLC REGISTERED AGENT CHANGE **GONSTEAD MIAMI LLC**

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## 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

Name of the limited liability comp						
Principal office address of lin (Note: MUST BE STR	nited liability company:		M	ailing address of limited (Note: MAY BE POST	liability	company:
08/08/22		 _ <u>L</u> :	22000	349151		
Date of filing/registrat	tion in Florida	4.	Ι	Document number		
(a) CIORARU, MEIR, D.C						
Registered Agent and Registered Offi	ce shown on the records of	the Florida De	ept. of State:			
650 NE 62ND STREE	ĒΤ					
Registered Office Address (MUS)	TBE FLORIDA STREET	<u>ADDRESS)</u>				
Miami	, FI	33138			20	
, Northwest Regist	ered Agent I	LLC			2022 OCT 26	;
Enter name of NEW Registered Age	nt and/or NEW Registered	l Office addre	<u>ss</u> :	22	2.1	<u></u>
7901 4th St N				<u> </u>		
NEW Registered Office Address:				무성	AM 8:	Ċ
STE 300				i Žit	3	
St. Petersburg	, FI	33702				
ne limited liability company is not change or changes are made, the F nt will be identical. Or, in the case	organized under the la Torida street address o s of a Florida limited l	ws of the St f the registe jability com	red office pany, it is	and the business off hereby confirmed th	ice of t iat the c	he registi change(s
/were authorized by an affirmative articles of organization or the oper	e vote of the members rating agreement of the	or the finite climited liab	bility com	pany.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Morgan Polle	Morgan Noble
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 din writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent