

(Requestor's Name)						
(Neguestor's Name)						
(Address)						
(1.03.555)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
2.1.477						
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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 Florida.

1. N	Name of the limited liability company: BRICKELL BIS	SCAYNE 5	SD LLC			
2. (a)		(t))			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1040 BISCAYNE BOULEVARD, #2406		1040 BISCAYNE BOULEVARD, #2406			
	MIAMI, FL 33132		MIAMI, FL 3	33132		
	. 09/07/2022		L220003841	42 .		
3.	Date of filing/registration in Florida	4.	D	ocument numbe	r	
5. (a	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC. Registered Office Address (MUST BE FLORIDA STREE) 1200 SOUTH PINE ISLAND ROAD	ce shown on the records of the Florida Dept. of Stat			18 KIR 1202	
	PLANTATION F	33324		:	15:25 16 AN 9:54	
(0)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee F	TL_32301				
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registere liability co of the lim	ed office and the mpany, it is he ited liability of	he business officereby confirmed ompany or as o	ce of the registered I that the change(s)	
Signature of a member or authorized representative of a member JILL CILMI, AUTHORIZED PERSON Printed or typed name of signee						
Signature of a member or authorized representative of a member Printed or typed name of signee						
provis the ob to me	eby accept the appointment as registered agent and assions of all statutes relative to the proper and complet of the digitions of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	gree to act e performa led for in C I hereby co	in this capaci ince of my dut Thapter 605, F infirm that the	tv. I further agr ies, and I am fa .S. Or, if this d limited liability	ree to comply with the miliar with and accept ocument is being filed company has been	
Signat	Those LKuby ure of Registered Agent	GRACE I	E. KIRBY, AS	SST. VICE PRE	SIDENT	