4/2/2020

Division of Corporations



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APR O G 2020

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APR 0 6 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\frac{1}{2}$

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. Ni	une of the limited liability company:	C 		<u></u>				
2. (a)	Principal office address of limited liability cumpany:	(b)						
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	2525 PONCE DE LEON, SUITE 250	2525 PONCE DE LEON, SUITE 250			CE DE LEON, SUITE 250			
	CORAL GABLES, FL 33134	CORAL GABLES, FL 33134						
	03/05/2001	М	1000000491					
3.	Date of filing/registration in Florida	4.	Document numb	er				
÷ (4)								
∄. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	et, of State:					
	CRUZ-BUSTILLO, MIRIAM							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			2020 APR			
	2525 PONCE DE LEON, SUITE 250				ΑP			
	CORAL GABLES . FI	33134			π ω			
(b)	Enter name of NEW Registered Agent and/or NEW Registered		•	• .	PH 12: 47	1 2 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	∑:	71:	15			
	C T Corporation System			<u> </u>	7			
	NEW Registered Office Address:							
	1200 South Pine Island Road							
	Plantation, Fi	33324						
the chagent was/without ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members tights of organization or the operating agreement of the member of a member or authorized representative of a member or by accept the appointment as registered agent and as stone of all stances relative to the proper and completely actions of my position as registered agent as provided agents.	ws of the St of the registe iability com of the limite c limited lial Veter D	ate of Florida, it is hereby red office and the business gany, it is hereby confirm d liability company or as pility company. Hernandez, Authorized Person Printed or typed no	ed that the otherwise	e provid	ge(s) ded in		
w me	sligations of my position as registered agent as providerely reflect a change in the registered office address. I self in writing of this change. C T Corporation System	tajor in Ca Thereby con	irm that the limited liabi	lity comp	any has	heen		
By:	Michael Scraphin, Asst. Secretary	<i>;</i>						

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