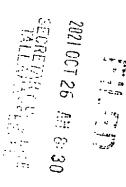
M0400002035

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

Office Use Only



600374551976



RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbasses Fig. 20203

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 159856 7779145									
AUTHORIZATION: Sprelle Ble man									
COST LIMIT : \$ 25.00									
ORDER DATE: October 22, 2021									
ORDER TIME : 2:33 PM									
ORDER NO. : 159856-022									
CUSTOMER NO: 7779145									
CHANGE OF AGENT									
NAME: CM DORAL DEVELOPMENT COMPANY LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Baker									

EXAMINER'S INITIALS:

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.	Na	une of the limited liability company: CM DORAL DE	VELOF	Mi	ENT COMPANY LLC				
2. (a	a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor					
~· (c	•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address o (Note: MAY B		-		
		CORAL GABLES, FL 33134	<u> </u>		CORAL GABLES, FL 33	3134			
		05/26/2004		ľ	M04000002035				
 3. 5. (. 	a)	Date of filing/registration in Florida ROMERO, RAFAEL	4.	_	Document nur	nber			
5. (a)	a)	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	the Flori	da	Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A	1DDRE.	<u>SS)</u>					
(b)		CORAL GABLES FL	33134			SECRETALI A	2021 OCT 26	,	
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			<u>ress</u> :	26 Att			
		Corporation Service Company				T1 1/2	<u> </u>		
		NEW Registered Office Address:		_			30		
		1201 Hays Street							
		Tallahassee FL	32301						
chang agent was/s	ge Lw we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red on mit	I office and the business on any, it is hereby confinited liability company or a	office of t	he regis	stered nge(s)	
	Signature of a member Dill Cilmi, Authorized Person Printed or typed name of signee								
I her provi the o to me notifi	reb isid bli ere led	wre of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I have the change of this change.	e to ac perforn I for in ereby c	et i gar Ch con	Printed or typed in this capacity. I further nce of my duties, and I an napter 605, F.S. Or, if th nfirm that the limited liab	garee to	wanni	with the nd accept ing filed s been	
Signa Grace	itur E.	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company							

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