M0400000 5338

| (Requestor's Name) | | | | |
|---|------------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/Stat | e/Zip/Phone #) | | | |
| PICK-UP |] WAIT MAIL | | | |
| (Busines | s Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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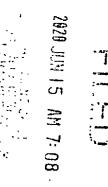
Office Use Only



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JUN 1 5 2020



JUL 23 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2020

Order#: 316254-205

Re: RAHN BAHIA MAR L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 | ame of the limited liability company: | MAR L.L.C. | | |
|------------------------------|---|---|---|--|
| 2. (a) | 1175 NE 125 Street | (b) | | |
| Σ. (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: M.AY BE POST OFFICE BOX) | |
| | Suite 102 | | | |
| | North Miami, FL 33161 | | | |
| | 12/06/2004 | M040 | 00005338 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | J. Kenneth Tate | | | |
| J. (2) | Registered Agent and Registered Office shown on the records of 1175 NE 125 Street, Suite 102 | the Florida Dept. o | of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | |
| | | | | |
| | North Miami FL | 33161 | 020 JUW 1 | |
| | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | —— 🦟 J | |
| | Enter hance of NEW Registered Agent and/or NEW Registered | Office address. | | |
| | Corporation Service Company | | ب استان المساور | |
| | NEW Registered Office Address: | | o | |
| | 1201 Hays Street | | | |
| | Tallahassee . FI | 32301 | | |
| change agent v was/w | limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the of organization or the operating agreement of the | ws of the State registered offi ability company of the limited li limited liability | ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in | |
| Signa | apare of a member or authorized representative of a member | Printed or typed name of signee | | |
| provis. the obi to mer | by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided live reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change. | performance o d for in Chapte | f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed | |
| | | Corporation Se | ervice Company | |
| _ | re of Registered Agent 1. Casper, Asst. Vice President | | | |
| | Division of Corporations • P.O. 1 | Box 6327● Tal | llahassee, FL 32314 | |

FILING FEE: \$25.00