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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.

I. Na	me of the limited liability company: JINETE REA	ALTY LLC		
2. (a)	2100 North Ocean Boulevard, #2602		<b>Ъ</b> )	
<b>2</b> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33305			
	07/05/2007		M07000004	4035
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Incorporating Services, Ltd.			200
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  1540 Glenway Drive  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2023 OCT -4 AM 'SECRETARY OF S	
	Tallahassee	FL32301		M 9: 53
	Corporation Service Company  NEW Registered Office Address:  1201 Hays Street			
	1201 Hays Street	<del> </del>	<del></del>	
	Tallahassee,	FL32301		
hange igent w vas/we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the register Hiability co rs of the lim	ed office and impany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ Jill Cilmi	Jill I	Cilmi, Author	
l hereb rovisio he obli o mere	are of a member or authorized representative of a member by accept the appointment as registered agent and a sons of all statutes relative to the proper and comple gations of my position as registered agent as providy reflect a change in the registered office address, in writing of this change.		in this capa ance of my d Chapter 605, onfirm that th	Printed or typed name of signee  city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been see Company
Signatur	e of Registered Agent	-		st. Vice President
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00