## M08000001065

(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



300371998973

IZI SEP 27 AM III: I

IVIŠ TALLAHĀSSĒE, FLOR

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	;	I2000000195		
	REFERENCE	:			
	AUTHORIZATION	:	Smillenan		
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	June 9, 2021				
ORDER TIME :	2:37 PM				
ORDER NO. :	849598-014				
CUSTOMER NO:	8020289				
CHANGE OF AGENT					
NAME:	FERRADO LIDO	LLC			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY					
t INTIN	DIAMED COFT				

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.

I. N	lame of the limited liability company:FERRADO LIE	DO LLC
2. (a)	20411 SW BIRCH STREET, SUITE 360	(b) 20411 SW BIRCH STREET, SUITE 360
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NEWPORT BEACH, CA 92660	NEWPORT BEACH, CA 92660
	03/05/2008	M08000001065
3. 5. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4. Document number
, ( <del>u</del> ,	Registered Agent and Registered Office shown on the records of 115 North Calhoun St. Suite 4	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u> [ADDRESS]</u>
	Tallahassee, F	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office address:
	NEW Registered Office Address:	
	1201 Hays Street	
	Tallahassee F	L 32301
:hange igent v vas/w	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	iws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
	/S/ JOSE FRESNEDO	JOSE FRESNEDO, Authorized Person
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
he obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I lim writing of this change	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been Grace E. Kirby, Asst. Vice President

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