## 1409000001953

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Y SULKER OCT 28 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 159856 7779145							
AUTHORIZATION : Spellelle man							
COST LIMIT : \$ 25.00							
OPDED DAME . October 22 2021							
ORDER DATE: October 22, 2021							
ORDER TIME : 4:49 PM							
ORDER NO. : 159856-077							
CUSTOMER NO: 7779145							
CHANGE OF AGENT							
NAME: DORAL 8333 OFFICE LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
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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.

(a) <u>2</u>	2020 Salzedo Street, 5th Floor					
(") _			(b) 2020 Salzedo Street, 5th Floor			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CORAL GABLES, FL 33134	_	(	CORAL C	SABLES, FL 33134	
(	05/20/2009		М	0900000	1953	
(a)	Date of filing/registration in Florida ROMERO, RAFAEL G	4.			Document number	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2020 Salzedo Street, 5th Floor  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	CORAL GABLES FL	33134	‡ 		- -	
,	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:	Office	īce address:		PARICT 27 MIO: 43 TARY SESTATE	
	Tallahassee FL	32301		_	Mo: 43	
ange ( ent wi as/wer	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the	registe bility ( f the li	ered comp imite	office and bany, it is d liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	re of a member or authorized representative of a member	Ji	ll Cili	mi, Autho	orized Person	
					Printed or typed name of signee	
ovisio e oblig merel tified	w accept the appointment as registered agent and agrans of all statutes relative to the proper and complete pations of my position as registered agent as provided wreflect a change in the registered office address. I him writing of this change.	ee to a perfori l for in vereby	ct in mano Cho conf	this cape te of my c upter 605 irm that i	acity. I further agree to comply with the duties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company