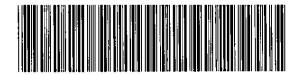
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(F	Requestor's Name)				
<del>- (</del> /	Address)				
	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
(Document Number)					
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2021 OCT 27 AHII:

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Y SULKER OCT 28 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 159856

AUTHORIZATION : Spelle Ble man

7779145

COST LIMIT : \$\frac{1}{2}5 \tau 00

ORDER DATE: October 22, 2021

ORDER TIME : 4:50 PM

ORDER NO. : 159856-081

CUSTOMER NO: 7779145

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## CHANGE OF AGENT

NAME: DORAL F1 PHASE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

## 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. 1	Name of the limited liability company: DORAL F1 PH.	ASE L	LC		
2. (a	2020 Salzedo Street, 5th Floor		(b)	2020 Salz	edo Street, 5th Floor
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134			CORAL GA	ABLES, FL 33134
	06/26/2009		٨	M09000002	458
3.	Date of filing/registration in Florida	4.	_	I	Document number
5. (a	ROMERO, RAFAEL				
	egistered 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 FI	3313	4		ing.
(b) Enter name of NEW Registered Agent and/or NEW Registered Office  Corporation Service Company				<u>'ess</u> ;	TOUR OF 27 MID: 1/8
	NEW Registered Office Address:				1. S. J. O. F.
	1201 Hays Street				FEE 8
	Tallahassee, FI.	32301	1		
agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li	ered com imite	office and t pany, it is h ed liability of	the business office of the registered hereby confirmed that the change(s)
	Jill Cilmi, Author				
I here provis the ob- to mer notifie	ture of a member of authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have the change of this change.	ee to a perforn I for in tereby	ct in mana Cha conf	.1.:	rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed i limited liability company has been
Grace I:	. Kirby, Asst. Vice President of Corporation Service Company				

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