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(Ac	ldress)					
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PICK-UP	WAIT	MAIL				
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Certified Copies	_ Certificates of	i Status				
Special Instructions to	Filing Officer:					

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OCT 28 2021

LALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

159856

7779145

AUTHORIZATION

COST LIMIT

ORDER DATE: October 22, 2021

ORDER TIME : 4:48 PM

ORDER NO. : 159856-073

CUSTOMER NO:

7779145

## CHANGE OF AGENT

NAME: DORAL 8240 OFFICE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX PLAIN STAMPED COPY

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.

1.	Na	me of the limited liability company: DORAL 8240 OF	FFICE.	LL	C		
2.	(a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor			
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		CORAL GABLES, FL 33134	_	-	CORAL GABLES, FL 33134		
		06/26/2009	_	M	M09000002460		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	ROMERO, RAFAEL G					
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		2020 Salzedo Street, 5th Floor				2021	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2021 00 1 27	
						2	1
		CORAL GABLES			<del></del>		
		. FL	33134			AH 10: 19	در در
	(b)						
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr		وَ	
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee, FL_	32301				
cha age wa	ange ent w is/we	mited 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 liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility c f the lir	red om nite	office and the business office of ipany, it is hereby confirmed that ed liability company or as otherw	the registere the change(	ed (s)
		Xu & Come	Jill	Cil	Imi, Authorized Person		
		ure of a member or authorized representative of a member			Printed or typed name of si	_	
pre the to	ovisie obli mere tifiea	ny accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	e to ac perform for in ereby c	t ir. van Che onj	i this capacity. I further agree to ce of my duties, and I am familia apter 605, F.S. Or, if this docum firm that the limited liability com	comply wit r with and a ent is being pany has be	h the eccept filed en
(7.1		Droce 2-Kuby					
Sig	gnatur ace E.	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company					

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