## M14000004584

(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



300406074493

2023 AFR 12 AM 9:00



APR 1 5 2023

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195			
	REFERENCE	:	623291	7404709			
	AUTHORIZATION	:	Sunt	Lesson			
	COST LIMIT	:	\$ 25.00	a compared to			
ORDER DATE : Ma	rah 20 2022						
ORDER DATE : Ma.	ten 30, 2023						
ORDER TIME : 8	:38 AM						
ORDER NO. : 62	3291-112						
CUSTOMER NO:	7404709						
CHANGE OF AGENT							
NAME :	BRE DDR BR NA	TURE	E COAST F	L LLC			
PLEASE RETURN THI	E FOLLOWING AS	PRO	OOF OF FI	LING:			
CERTIFIE							
XX PLAIN STA	MPED COPY						
CONTACT PERSON:	Alexxis Weila	nd-e	orenson				

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.	Name of the limited liability company:  BRE D	ODR BR N	ATURE CO	DAST FL LLC		
2. (a	10020 Via Frontera, Suite 220	—·	(b)			
2. (4	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS		_ (5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	San Diego, CA 92127	_	 - <del>-</del>			
	06/27/2014		M1	4000004584		
3.	Date of filing/registration in Florida		4.	Document n	umber	
5. (a	C T Corporation System					
5. (a)	Registered Agent and Registered Office shown on the	it. of State:				
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA)	STREET AL	DDRESS)			
					20	
	Plantation		33324		2023 AFR	
	Plantation	, FL_			F. 7	
/h	)				12	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>			<u></u>	AH ·	
					- स्टब्स् - स्टब्स्	
	Corporation Service Company				.0 ö.	
	NEW Registered Office Address:				3	
	1201 Hays Street		<del>_</del> .	<u> </u>		
	Tallahassee	<sub>n.</sub> 3	2301			
		, FL_				
chang agent was/v	limited liability company is not organized under ge or changes are made, the Florida street address will be identical. Or, in the case of a Florida line were authorized by an affirmative vote of the most ticles of organization or the operating agreement	ss of the re mited liabi embers of t	gistered of ility compa the limited	fice and the business ny, it is hereby confi liability company or	s office of the registered irmed that the change(s)	
/s	/ Jill Cilmi		Jill Cilmi	, Authorized Person		
Sign	ature of a member or authorized representative of a memb	er .		Printed or type	d name of signee	
provis the ob to met	eby accept the appointment as registered agent sions of all statules relative to the proper and co digations of my position as registered agent as rely reflect a change in the registered office add	and agree omplete pe provided f dress, I he	to act in the rformance or in Chape eby confiri	nis capacity. I furthe of my duties, and I a ter 605, F.S. Or, if t on that the limited lia	r agree to comply with the m familiar with and accept his document is being filed bility company has been	
				Service Company		
Signat	ure of Registered Agent	— Ami	M. Casp	er, Asst. Vice Pre	esident	