M14000005002

(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



800374988498

2021 OCT 27 At

2021 80T 27 AM 10: 47

Y SULKER OCT 28 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145

AUTHORIZATION

COST LIMIT : \$\25.00

ORDER DATE: October 22, 2021

ORDER TIME : 4:54 PM

ORDER NO. : 159856-092

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: DOWNTOWN DORAL RETAIL

HOLDINGS, 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. N	ame of the limited liability company:	DOWNTOWN DORA	AL RE	ETAIL HO	LDINGS, LLC	
2. (a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor			
	Principal office address of limited lia (Note: MUST BE STREET A.		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CORAL GABLES, FL 33134			CORAL	GABLES, FL 33134	
	07/15/2014		١	M1400000	5002	
3.	Date of filing/registration in	Florida 4.	_		Document number	
5. (a)						
	Registered Agent and Registered Office show	n on the records of the Flo	orida I	Dept. of Stat	e:	
	2020 Salzedo Street, 5th Floor					
	Registered Office Address (MUST BE FL	ORIDA STREET ADDR	ESS)		_	
(b)	Enter name of NEW Registered Agent and/o Corporation Service Company NEW Registered Office Address:	FL 3313		ess:	TOUR OF STATE OF STATE	
	1201 Hays Street				r m	
If the li	Tallahassee	FL_3230			- -	
agent w was/we	fill be identical. Or, in the case of a Florida	address of the regist orida limited liability the members of the l greement of the limite	ered comp imite d liat	office and pany, it is ed liability pility com	hereby confirmed that the change(s) company or as otherwise provided in pany.	
Sionati	ure of a member or authorized representative of		ill Cili	mi, Author	rized Person	
					Printed or typed name of signee	
he obli o mere iotified	y accept the appointment as registered in so all statutes relative to the proper gations of my position as registered agily reflect a change in the registered off in writing of this change.	i agent and agree to a cand complete perfor ient as provided for it lice address, I hereby	ict in manc i Cha conf.	this capa se of my d spter 605, irm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
	inaer CTKNOLLY					

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

Division of Corporations P.O. Box 6327 • T