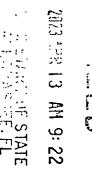
M15000001084

(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



100406073831





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	э. :	12000000	0195	
REFEREN	CE :	671592	7945872	
AUTHORIZATIO	: NC	A	. 1	
COST LIM	IT :	\$ 25,000	Lenan	
ORDER DATE : April 12, 2023	3	···· <i>(</i>)	/	
ORDER TIME : 9:57 AM				
ORDER NO. : 671592-005				
CUSTOMER NO: 7945872				
<u>CHANGE OF</u>	F AGEN	<u>T</u>		
NAME: 500 SOUTH I LLC	POINTE	INVESTME	NTS,	
PLEASE RETURN THE FOLLOWING CERTIFIED COPY XX PLAIN STAMPED COPY	AS PR	OOF OF FI	LING:	
CONTACT PERSON: Eyliena Bak				
	EXAMI:	NER'S INI	TIALS:	

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	ime of the limited liability company: $\frac{50}{2}$	00 SOUTH POI	NTE IN	١VE	STMENT	S, LLC			
2	(a)	500 South Pointe Dr, Suite 240		(b) 500 South Pointe Dr, Suite 240						
	(4)	Principal office address of limited liabili (Note: MUST BE STREET ADD		_ (,_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		MIAMI BEACH, FL 33139			-	MIAMI BE	ACH, FL 331	39		
		02/11/2015		_	М	1500000	1084			
3.		Date of filing/registration in Fl	orida	4.			Document nu	mber	- -	·
		Registered Agent and Registered Office shown of Levine & Partners, P.A. Registered Office Address (MUST BE FLO.)			ept. of State	-				
		1201 Hays Street		, FL ³²³⁰¹			_	,	03	
		Tallahassee	, FL				2023 APR 13		* :	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Corporation Service Company <u>NEW Registered Office Address:</u>			ddre	265 :	-	TWRY OF ST	A	
							-	FIE	9: 22	22
		1201 Hays Street					_			
		Tallahassee	FL_	32301		-	-			
cha age wa the	inge ent w s/we arti	mited liability company is not organized or changes are made, the Florida street will be identical. Or, in the case of a Florice authorized by an affirmative vote of the operating agree of organization or the operating agree.	address of the rida limited liab the members of eement of the li	egister oility co the lin imited	ed omp nite liab	office and pany, it is d liability	I the business hereby confine company or pany. ano	office of the rmed that the as otherwis	e regi: ne chai e prov	stered nge(s)
		the of a member or authorized representative of a					Printed or typed	-		
pro the to i	wisie obli nere	ov accept the appointment as registered a cons of all statutes relative to the proper of igations of my position as registered age by reflect a change in the registered office in writing of this change.	and complete pa ent as provided ; ce address, I he	e to ac erform for in (reby c	t in tanc Cha onfi	this capa e of my d ipter 605, irm that t	icity. I further luties, and I ai F.S. Or, if th he limited lial	r agree to c m familiar v nis documer bility compo	omply with a it is be any ha	with the nd accept ning filed s been
Sig	natur	e of Registered Agent	President							