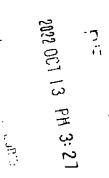
M15000006640

_	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· · ·	(Business Entity Name)
	(Dubinosa Enal) Name)
	(Document Number)
	(Document Number)
Centitled Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	

Office Use Only



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TALL AH 9: 55

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 024016 8334108						
AUTHORIZATION: Spelle Rear						
COST LIMIT : \$ 25.00						
ORDER DATE : October 12, 2022						
ORDER TIME : 1:30 PM						
ORDER NO. : 024016-027						
CUSTOMER NO: 8334108						
CHANGE OF AGENT						
NAME: 524 NW 22ND STREET REALTY, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX 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. N	lame of the limited liability company: 524 NW 22N	D STREET REA	ALTY, LLC			
2. (a)	C/O MANA M/VNDA/OOD		C/O MANA W/WIWOOD			
- · (.,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	318 NW 23RD ST.	31	18 NW 23RD ST.			
	MIAMI, FL 33127	M	IAMI, FL 33127	<u>.</u>		
	08/21/2015	M1	5000006640			
3.	Date of filing/registration in Florida	4.	Document numb	ber	- ·	
5. (a)	Registered Agent and Registered Office shown on the records Chung, Jay Registered Office Address (MUST BE FLORIDA STREE 318 NW 23RD ST. MIAMI	ET ADDRESS) FL 33127		ZMY OCT 13 AH 9: 55 SECRETARY OF STAIL TALLAHASSEELFL		
	Tallahassee	32301 FL_				
change agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the control of the	he registered of liability compa s of the limited he limited liabil	fice and the business off my, it is hereby confirme liability company or as ity company.	fice of the register ed that the change otherwise provide	ed (s)	
	Aoishe Mana	Moishe	Moishe Mana, Authorized Person			
I here provisi the obli to mere notified Signatu	ture of a member or authorized representative of a member by accept the appointment as registered agent and a jons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. The of Registered Agent E. Kirby, Asst. Vice President	gree to act in the performance ded for in Chap I hereby confiri	Printed or typed na his capacity. I further as of my duties, and I am I ter 605, F.S. Or, if this m that the limited liabili.		h the occept filed en	

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