Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE 1KM4 LLC

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2021 OCT 217

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: 1Km4 LLC			
2. ('aì	936 SW 1ST AVE, #1072	(b) 936 SW 1ST AVE, #1072		
,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MIAMI, FL 33130		MIAMI, F	FL 33130
		01/16/2018	- -	M1800000	00431
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	DORR ASSET MANAGEMENT LLC			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	ne Floric	la Dept, of State	 e:
		936 SW 1ST AVE, #1072			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
		MIAMI , FL	3313)	. -
•	(b)	Corporate Creations Network Inc.			<u> </u>
. ,		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:	
		801 US Highway 1			FILED 2821 OCT 27 P WHITHASSILL
		NEW Registered Office Address:			ED PMI2: E.F.Com
					- 10 A
		North Palm Beach FL	3	3408	32
cha age was	nge nt v s/wo	mited fiability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of organization or the operating agreement of the liability and the second of the seco	registe bility c f the lii imited	red office and company, it is mited liability liability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
		m	J€	nisa Irizari	ry, Attorney-in-Fact
	•	ne of a member or authorized representative of a member			Printed or typed name of signec
pro the to i	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha I in priting of this change	re 10 ac xerforn for in ereby c	n in this cape sance of my e Chapter 605 confirm that	activ. I juriner agree to comply wan the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
-6:-	V	Jenisa Irizarry, Spe	ecial S	ecretary	
Sig	naru	re of Registered Agent			