

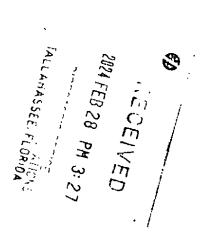
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Falling Offices.				

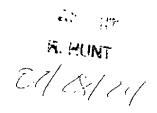
Office Use Only



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267 TO ES AHII: 16





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 337534 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: February 28, 2024 ORDER TIME : 2:49 PM ORDER NO. : 337534-003 CUSTOMER NO: 7123801 CHANGE OF AGENT NAME: DUFRY AMERICA, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller

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: DUFRY AMER	RICA, LLC	
	a)		
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	13690 NW 14TH St.	13	690 NW 14TH St.
	MIAMI, FL 33182		AMI, FL 33182
	04/06/2018	M18	3000003323
3.	Date of filing/registration in Florida	4.	Document number
5. (	a)		
J. (	a)	of the Florida Dep	t. of State:
	Meyer, Tobias		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13690 NW 14TH St.			
			*** *** . ~ 1 . ~ 3
	MIAMI F	33182	 
		<u> </u>	
(b			MHII: 16
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	FL FL
	Corporation Service Company		111
	NEW Registered Office Address:		
	1201 Hays Street	_	
	Tallahassee . F	L_32301	
chang agent was/v	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the State he registered of liability compan of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	aria Izurieta	Maria Izı	urieta, Authorized Person
-	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	weby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I ded in writing of this change.	gree to act in the performance ed for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept (or 605, F.S. Or, if this document is being filed in that the limited liability company has been
<u>)</u>	hace Cokyole		
Signa	ture of Registered Agent Grace E. Kirby, Asst. Vice Presi	dent	

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