M18000007681

(Re	equestor's Name)					
(Ad	idress)					
(Ad	idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



600379100846

2022 FEB 28 JOH (1.27

2022 FEB 28 AM 11:51

RECEIVED



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 515785 8031955					
AUTHORIZATION : Sinelle Bleman					
COST LIMIT : \$25.00					
ORDER DATE : February 25, 2022					
ORDER TIME : 4:49 PM					
ORDER NO. : 515785-005					
CUSTOMER NO: 8031955					
CHANGE OF AGENT					
NAME: COMPA LLC					
NAME: COMPA LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

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.

l. Na	me of the limited liability company:				
2. (a)	3315 Collins Avenue	a	b) 3	3315 Collins Avenue	
~ (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~ <i>)</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI BEACH, FL 33140	_	 M	MIAMI BEACH, FL 33140	
	08/21/2018	_	M ²	M1 8000007681	
3.	Date of filing/registration in Florida	4.		Document number	
. ,	Registered Agent and Registered Office shown on the records of the JALIFE, SERGIO Registered Office Address (MUST BE FLORIDA STREET A			Dept. of State:	
	12790 SW 64TH CT			20	
	PINECREST, FL.	33156		2022 FEG	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (dres	88 1: 0. 28 	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, FL_	32301			
change agent w was/we:	mited liability company is not organized under the law or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li	egistere pility co the lim	ed ol mpa ited	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in	
/s/ Jill Ci		Jill (Cilm	mi, Authorized Person	
I hereh provision he obli to mere notified Signatur	we of a member or authorized representative of a member by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I his in writing of this change. The conference of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation	erforma for in C vreby co	ince Thap onfir	ce of my duties, and I am familiar with and acce upter 605, F.S. Or, if this document is being file firm that the limited liability company has been	ie pt id

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

INHS18 (2/14)