M19000002653

| (Requestor's Name) | | | | | |
|---|---------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP W | AIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Cer | tificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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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 | ame of the limited liability company: TERRA 1 | NTER | OITAN | NAL SERVICES, LLC | |
|--|--|---|--|--|--|
| 2. (a) | | | b) | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3310 MARY STREET, SUITE 302 | | |
| | 3310 MARY STREET, SUITE 302 | | | | |
| | COCONUT GROVE, FL 33133 | | COCONUT GROVE, FL 33133 | | |
| | 03/18/2019 | | M1900000 | 02653 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | of the Florid | la Dept. of Stat | - e: | |
| | NRAI SERICES, INC. | | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| 1200 SOUTH PINE ISLAND RD | | | | | |
| | PLANTATION , F | 33324 | | 2024 JUN 18 Spore and | |
| | , | | | | |
| (b) | | | | - | |
| | Enter name of NEW Registered Agent and/or NEW Register | ed Office a | ddress: | | |
| | Corporation Service Company | | | FILED PAJUNIS PN 1:42 | |
| | NEW Registered Office Address: | | | ·: 2 | |
| | 1201 Hays Street | | | - | |
| | Tallahassee F | 32301 | | _ | |
| change agent v was/w | imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the contract of | ne register liability co s of the lin se limited | ed office and ompany, it is nited liability liability con | d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in | |
| Signa | ture of a member or authorized representative of a member | | <u> </u> | Printed or typed name of signee | |
| provisi the obl to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. | gree to ac e perform led for in (I hereby c | t in this cape ance of my c Chapter 605 onfirm that i | acity. I further agree to comply with the duies, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been | |
| | Maca C-Kuby ure of Registered Agent | GRACE | E. KIRBY, | ASST. VICE PRESIDENT | |