

Florida Department of State
Division of Corporations
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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

2021 DEC 13 AM 10:17
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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LLC REGISTERED AGENT CHANGE
BARTACO COCONUT GROVE, LLC

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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. Name of the limited liability company: BARTACO COCONUT GROVE, LLC

2. (a) 671 N GLEBE RD BALLSTON TOWER 6 FL STE 600 (b) 671 N GLEBE RD BALLSTON TOWER 6 FL STE 600
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ARLINGTON, VA 22203

ARLINGTON, VA 22203

02/12/2021

M21000001803

3. Date of filing/registration in Florida 4. Document number

5. (a) COGENCY GLOBAL INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 N CALHOUN ST STE 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

801 US Highway 1

NEW Registered Office Address:


North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Erin Saville, Attorney-In-Fact
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Erin Saville, Special Secretary
Signature of Registered Agent

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

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