M21000005110

(Requestor's Name)					
(Address)					
(Address)					
(CiviCivity 7) o (Dhana 19)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(200					
Cartification of Status					
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A. BUTLER NOV 3 0 2022

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

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. No	ame of the limited liability company: CASA NEOS F	'ARTNERS,	LLC		
2. (a)		(b) _			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addres	ss of limited liability company: Y BE POST OFFICE BOX)	
	800 LINCOLN ROAD, SUITE 300	8	800 LINCOLN ROAD, SUITE 300		
	MIAMI BEACH, FL 33139		3139		
	04/29/2021	М	21000005110		
3.	Date of filing/registration in Florida	_ _{4.} _	Document	number	
- / >	-				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:		
	UNISEARCH, INC.		•		
	Registered Office Address	'ADDRESS)			
	1900 MAIN STREET SUITE 750 - 709				
	SARASOTA	34236 L			
				207	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			2022 NOV	
	Enter name of NEW Registered Agent and/or NEW Registere	u Office addre	<u></u>	- 2	
	Corporation Service Company			29	
	NEW Registered Office Address:			P1112: 44	
	1201 Hays Street			12:14	
					
	Tallahassee	, 32301		11,	
	F	·			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learned by an affirmative vote of the members of the case of a Florida limited learned by an affirmative vote of the members.	e registered (lability comp of the limite	office and the busine pany, it is hereby cor d liability company (ess office of the registered infirmed that the change(s)	
me aru	cles of organization or the operating agreement of the /S/Jill Cilmi		mi, Authorized Perso	NO.	
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee			
I here provisi the obl to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	performanced for in Cha hereby conf.	this capacity. I furt	her agree to comply with the l am familiar with and accep f this document is being filed iability company has been	

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