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From:

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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future ". annual report mailings. Enter only one email address please.

. Email Address: sarah.smith@csscompany.com

LLC REGISTERED AGENT CHANGE 801 BRICKELL BAY DRIVE MIA LLC

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T. LEMIEUX

Τo

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 ogent, or both, in the State of Florida.

I. Na	me of the limited liability company: 801 BRICKELL B			
2. (a)	777 S. FIGUEROA ST. Principal office address of limited hability company (Note: MUST BE STREET ADDRESS) 41ST FLOOR	_	l ())	GUEROA ST. Mailing address of fimited frability company: **CNate: MAY BE POST OFFICE BOX**) OR
	LOS ANGELES, CA 90017			LOS ANGELES, CA 90017
	07/30/2021		M21000009	828
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	ne Flori	da Depu of State	- 2
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>22)</u>	
	TALLAHASSEE , FL	32301		
(b)	C T Corporation System			2023 * * * .
(4)	Enter name of NEW Registered Agent and/or NEW Registered	Office #	ddress	7.20 WH
	NEW Registered Office Address: 1200 South Pine Island Road			H11: 22
	Plantation FL.	33324		
the cha agent w was we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility (the li imited	distered office company, it is mited liability	and the business office of the registered shereby confirmed that the change(s) weompany or as otherwise provided in apany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisie the obli to mere notified By:	ov accept the appointment as registered agent and agreens of all statutes relative to the proper and complete preations of my position as registered agent as provided by reflect a change in the registered office address. I have the properties of this change. CT Corporation System MORITHMEDIAL MOLDEN, ASST. SCORETARY TO TREPISTERED AGENT.	re to a perfor) for in erchy	et in this cape nance of my e Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been