M21000010374

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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Y 24 PM 12: 57

2023 MAY 24 PM 3: 43

CORPORATION SERVICE COMPANY

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

ACCOUNT NO.	: I2000000195							
REFERENCE	: 755470 8397240							
AUTHORIZATION	100×100							
COST LIMIT	: \$ 25700 Decar							
ORDER DATE : May 17, 2023								
ORDER TIME : 10:56 AM								
ORDER NO. : 755470-020								
CUSTOMER NO: 8397240								
CHANGE OF AGENT								
NAME: ATIVORE I GMF WILD PINES LLC								
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:							
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weilan	d-sorenson							
EXA	MINER'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.

	ame of the limited liability company: 2330 PONCE DE LEON BLVD.		41.)	2330 PONCE E	E LEON BLV	 /D.		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				-	
	CORAL GBLES, FL 33134	-	-	ORAL GBLES	, FL 33134			
	08/10/2021		M	21000010374				
3.	Date of filing/registration in Florida	4.		Docu	ment number			
5. (a)	WORLDWIDE CORPORATE ADMINISTRATORS LL	С						
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flor	ida De	ept. of State:				
	2330 PONCE DE LEON BLVD			•			26	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	'SS)		- 인생 지원		23821	1 1
	CORAL GABLE FL	33134	1			3888 50 A 85	BEY 24 PM 12: 57	
(b)						ST	<u>\forall 5</u>	
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office .	addre	<u>55</u> :		ATE ATE	57	
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee FL_	32301	 					
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe pility o the li	red o comp mite	office and the b any, it is hereb I liability comp	usiness office v confirmed t	of the a	egiste change	red e(s)
	odrigo Galano Ferrer	R	odrig	o Galano Ferre	r, Manager			
	ture of a member or authorized representative of a member				i or typed name	-		
provisi the obi to mer	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	re to a perfori for in creby	et in nanc Cha confi	this capacity. e of my duties, pter 605, F.S. rm that the lim	l further agre and I am fam Or, if this doc ited liability o	e to con iliar wit cument i company	iply wi h and s bein has b	th the accept g filed cen

Signature of Registered Agent Grace E. Kirby, Asst. Vice President