## M210000000926

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer						

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2021 AUG 25 AM 8: 55 SECRETARY OF SIGNE TALLARY SIECLEL

in the second

RECFIVED 2021 AUG 25 PM 3: 43 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 972532 7289394						
AUTHORIZATION :						
COST LIMIT : \$25.00						
ORDER DATE : August 23, 2021						
ORDER TIME : 2:07 PM						
ORDER NO. : 972532-010						
CUSTOMER NO: 7289394						
CHANGE OF AGENT						
NAME: 8800 COLLINS OWNER, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker  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. N	ame of the limited liability company:  8800 Collins	Owner, L	LC	
		(	h)	
Σ. (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	350 NE 24th Street, Suite 108		350 NE 2	4th Street, Suite 108
	Miami, FL 33137		Miami, FL	. 33137
	08/19/2021		M2100001	0926
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Diego Bonet			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	- e:
				(6 5)
	egistered Office Address (MUST BE FLORIDA STREET ADDRESS)			IDZI TA
	350 NE 24th Street, Suite 108			
	Miami	33137		7021 AUG 25 SECRETARN
	,	L1"		-
(b)				71
	Enter name of NEW Registered Agent and/or NEW Register	agent and/or NEW Registered Office address:		·
	Corporation Service Company			OI
	NEW Registered Office Address:			-
	1201 Hays Street			_
	Tallahassee, I	FL32301		_
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 authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he register liability co s of the lin ne limited l	ed office and ompany, it is nited liability liability com	d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
Signa	/s/ Diego Bonet ture of a member or authorized representative of a member	Die	go Bonet	Printed or turned name of cianae
I here provisi the obi to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing tions of all statutes relative to the proper and completing agent as providely reflect a change in the registered affice address, and in writing of this change.	gree to act le perform led for in C I hereby co	in this capa ance of my a Chapter 605, onfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent