## M21000011174

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(Requestor's Name)					
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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. Na	me of the limited liability company: MIA WEST HO	LDINGS	, LLC	<u>.                                      </u>
2. (a)		(	b)	
_, (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 Mary Street Suite 302		3109 GF	RAND AVENUE #349
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133
	08/25/2021		M210000	011174
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Floric	la Dept. of Sta	nte:
	NRAI SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	P24	
	1200 SOUTH PINE ISLAND ROAD			2024 JUN
	PLANTATION F	33324		_ <del>_</del>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·
(b)				N110: 00
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	<u>ddress</u> :	: 00
	Corporation Service Company			
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee . F	L 32301		
change agent v was/wo the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir e limited	red office ar ompany, it nited liabili liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	ture of a member or authorized representative of a member	JIL	L CILMI, A	UTHORIZED PERSON
	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I	ree to ac perform ed for in	t in this cap lance of my Chapter 60	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed
пощиес	i in writing of this change.	nereby C	onjirm that	пе итива набину сотрапу наѕ овен
Signature of Registered Agent  GRACE E. KIRBY, ASST. VICE PRESIDENT				