(Requestor's Name)				
(Address)				
		_		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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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:	SITIONS	\$ F —	S FLORIDA, LLC
2. ((a)		(1	b)	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 GRAND AVENUE #349
		COCONUT GROVE, FL 33133			COCONUT GROVE, FL 33133
		09/01/2021		ı	M21000011558
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
٥.	(4)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC	the Florid	a I	a Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					<u> </u>
	1200 SOUTH PINE ISLAND ROAD				
		PLANTATION . FI	33324		2024 JUN 18 F
		, , _			
•	(b)	ddress:			
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>1d</u>	idress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee	32301		
		FL		_	
cha age was	inge int v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited like are authorized by an affirmative vote of the members of cles-of organization or the operating agreement of the	register ability co of the lin	ec on nit	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		ure of a member or authorized representative of a member	JIL	L	L CILMI, AUTHORIZED PERSON
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signce
pro the to t	visi obl nero	ov accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I it writing of this change.	ee to ac perform d for in t hereby c	ı i lai Ci oi	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sig	natu	Maca C-Kuby re of Registered Agent	GRACE	E	E. KIRBY, ASST. VICE PRESIDENT