(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
-						
), 1 3 1 T						

Office Use Only



800429666818

2024 JUN 18 AM 9: 50

RECEIVED

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.

I. Na	me of the limited liability company: HISTORIC OV	ERTOWI	N PARTNE	RS, LLC	
				<u> </u>	
()	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 #302 COCONUT GROVE, FL 33133		
	3310 MARY ST., #302				
	COCONUT GROVE, FL 33133				
	08/22/2022		M220000	013161	
3.	Date of filing/registration in Florida	— 4.		Document number	<u> </u>
,					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	la Dept. of St	eate:	
	NRAI SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				202
	1200 SOUTH PINE ISLAND ROAD			O. J.	== ==
	PLANTATION	L_33324			Hy Ulkin 1696
(b)			·		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:		<u>မှ</u>
	Corporation Service Company			· .,	50
	NEW Registered Office Address:		,		
	1201 Hays Street		<u></u>		
	Tallahassee F	32301			
change agent v was/w the art	imited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the second or the control of the second or the se	aws of the registe liability of the limited	e State of F red office a company, it mited liabil liability co	and the business office of the is hereby confirmed that the lity company or as otherwise ompany. AUTHORIZED PERSON	e registered e change(s) e provided in
-	nure of a member or authorized representative of a member			Printed or typed name of signe	
nonjie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for in I hereby	et in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to co y duties, and I am familiar w 05, F.S. Or, if this documen a the limited liability compa	omply with the sith and accept is being filed ny has been
Signati	Mace C-Knby Ire of Registered Agent	GRACE	E. KIRBY	7. ASST. VICE PRESIDEN	T