(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:						
A1.33						

Office Use Only



500429762535

RECEIVED

2024 JUN 18 AM 9: 55

## 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:  8TH STREET Company	ONNEC	T: 	IONS HOL	DINGS, LLC
2. (a	a)		(1	b)		
(-	·• <i>y</i> .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(.	υ,		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3310 Mary Street Suite 302			3109 GRA	AND AVENUE #349
		Coconut Grove, FL 33133	_		Coconut C	Grove, FL 33133
		11/03/2022		Į	M2200001	6830
3.		Date of filing/registration in Florida	4.	_		Document number
5. (	a)					
·		Registered Agent and Registered Office shown on the records of the NRAI SERVICES, INC.	he Florida	a I	Dept. of State	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1200 SOUTH PINE ISLAND ROAD				SECH THAN CE SECTION OF SECTION O
		PLANTATION	33324			6
(t	) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company				्र जु
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee	22204	_		
		FL_	32301			
chani agent was/v	ge Lw wei	nited liability company is not organized under the law or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	registere pility co Tthe lim	ed om tite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Xie & Cienie	JILL	. (	CILMI, AUT	HORIZED PERSON
Signature of a member or authorized representative of a member						Printed or typed name of signee
provi the oi to me notifi	sio blig rel ed	y accept the appointment as registered agent and agrents of all statutes relative to the proper and complete partions of my position as registered agent as provided y reflect a change in the registered office address. I he in writing of this change.	e to act erformo for in C ereby co	ir yn Ju mj	this capac ce of my di apter 605, firm that th	city. I further agree to comply with the uies, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Signa	ture	Drace C-Kuby GF	RACE E	ë.	KIRBY. A	SST. VICE PRESIDENT