## M 2300c

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Bı	usiness Entity Name)	<del></del>			
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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. N	ame of the limited liability company:TAMIAMI 137	, LLC		
2. (a)	, , , =	(b	1	
4. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 MARY STREET, #302		3310 MAR	Y STREET, #302
	Coconut Grove, FL 33133		Coconut G	rove. FL 33133
	06/12/2023		M23000007	7601
3.	Date of filing/registration in Florida	4.		Document number
£ ()				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	NRAI SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	·	~1
1200 SOUTH PINE ISLAND ROAD				2024 JUH
		<del></del>		- Na Ju
	PLANTATION	FL_33324		M1 18 11 11 11 11 11 11 11 11 11 11 11 11
				8 <u> </u>
(b)		·-		
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	
	Corporation Service Company			2
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	FL 32301		
change agent was/w the art	limited liability company is not organized under the cor changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the second control of the control of th	he registere liability co is of the lim	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	nure of a member or authorized representative of a member	JILL		THORIZED PERSON
				Printed or typed name of signee
пощие	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	igree to act te performa ded for in C I hereby co	in this capac ince of my di hapter 605, infirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ie limited liability company has been
Signatu	Mrs. 2-Kuby are of Registered Agent	GRACE E	E. KIRBY, A	ASST. VICE PRESIDENT