(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(==== , , , , , , , , , , , , , , , , ,
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Account#: 120000000088

Date:	04/13/2022		
	Merritt Wa	alker	
	1647		<u> </u>
			DINGS ESTABLISHMENT
☐ Article	es of Incorporation	n/Authorizatio	n to Transact Business
	ndment		
✓ Chan	ge of Agent		
Reins	statement		
☐ Conv	ersion		
☐ Merg	er		
☐ Disso	lution/Withdrawal		
☐ Fictiti	ous Name		
Other			
Authorized A	Amount:	\$35	
Signature:		un)	

F: 800.944.6607



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Account#: I20000000088

Date:	04/13/2022					
Name:	Merritt Walker					
	#:1647981					
		HOLDINGS ESTABLISHMENT				
		orization to Transact Business				
Ame	endment					
✓ Change of Agent						
☐ Rein	statement					
Conversion						
☐ Merç	ger					
☐ Dissolution/Withdrawal						
☐ Ficti	tious Name					
Othe	er					
Authorized	Amount: \$3	5				
Signature:		44)				

F: 800.944.6607

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. <u>FURSTEN</u>	HOLDINGS ESTABLISHMENT	
05/07/2019	(Name of alien business organization)	NONE
2	3. Q190000000504	
•	registration date) (Florida document number)	(FEI Number, if applicable)
5, 201 S. BISCA	YNE BLVD, SUTTE 3000, MIAMI, FLORIDA 33131	
	(Principal office address)	
6. Name and ad	dress of registered agent and office currently on reco	ord with this office:
EI —	NTITY REGISTERED AGENT, LLC C/O JUAN E. SEF	RRALLES 😂
20	OI S. BISCAYNE BLVD, SUITE 2600	1972 AP 2 1 E
<u>M</u>	IAMI, FLORIDA 33131	
7. New register	ed agent and/or office address:	11
E	NTTTY REGISTERED AGENT, LLC C/O JUAN E. SE	RRALLES
20	01 S. BISCAYNE BLVD, SUITE 3000	
м	IAMI, FLORIDA 33131	
	(Note: Registered office must be a Florida street	address)
registered ago	dress of the registered office and the street address of ent are identical. was authorized by the board of directors or an office	
authorized by	y the board of directors.	
10.	(Signature of chairman, vice chairman, or offic	ecr)
1. JUAN E. SI	ERRALLES AS ATTORNEY-IN-FACT	
	(Name and capacity of person signing in numb	er 10 above)
I hereby ac	Fnew registered agent, if applicable: copt the appointment as registered agent. I am fami of section 607.0505, Florida Statutes.	liar with and accept the
A.	Der.	MARCH 21, 2022
Rog	istered agent accepting appointment)	(Date)

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314