120000244802

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(City/State/Zip/Phone #)
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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

XX.	CERTIFIED COPY		" <u> </u>
•	РНОТОСОРУ		
	CUS		
XX	FILING	STATEMENT OF AUYHORITY	FIR DN
_	CYRENE AT MIRABAY,	, LLC	
	(CORPORATE NAME AND DOCUM	ENT #)	
	(CORPORATE NAME AND DOCUM	ENT #)	
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_	(CORPORATE NAME AND DOCUME	ENT #)	
CIAL	,		

COVER LETTER

Div	ision of Corporations		
SUBJECT:	Cyrene at MiraBay, LLC		
	Name of	Limited Liability Co.	mpany
Dear Sir or M	Aadam;		
The enclosed	Amendment or Cancellation of State	tement of Authority a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning this	matter to the followin	g:
Kristy Ho	ran		
<u></u>	Name of Person		_
Godbold,	Downing, Bill & Rentz, P.A.		
	Firm/Company		_
222 W. C	omstock Avenue		
	Address		_
Winter Pa	rk, FL 32789		
	City/State and Zip Code		-
khoran@g	jdb-law.com		
E-m	ail address: (to be used for future and	nual report notificatio	n)
For further in	formation concerning this matter, ple	tase call:	
Kristy Hora	an 	407 at (⁶⁴⁷⁻⁴⁴¹⁸
	Name of Person	Arca Code	Daytime Telephone Number
Regis Divis Clifto	EET/COURIER ADDRESS: stration Section ion of Corporations in Building Executive Center Circle	MAILIN Registrat Division P.O. Box	VG ADDRESS: tion Section of Corporations

Tallahassee, Florida 32314

Tallahassee, Florida 32301

TO:

Registration Section

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

SECO	ND. The Clavide Dearward		L- 0000244802	L2000	031168C
3600	ND: The Florida Document number	er of the limited liability com	pany is:	<u> </u>	02440-
THIR	The street address of the limited 680 Fifth Avenue	d liability company's principa	al office is:		
	25th Floor				
	New York, NY 10019				
	The mailing address of the limit 680 Fifth Avenue				
	25th Floor				
	New York, NY 10019				
FOURT	H: The date the statement of auti	hority became effective is:	3/ 30 /21		
FIFTH:					
OR					
	The amendment to the si	_	anted to Nathan		
	Pile and Matt O'Brien, ea	capacity as	. ,		
	Vice President.				
			***	<u> </u>	•
	of authorized representative	_	*See attached Signatu Typed or printed name of si		<u> </u>

CR2E145 (2/14)

Signature Page To Statement of Authority

JSFR Arizona, LLC, a Delaware limited liability company

By: JSFR Manager, LLC, a Delaware limited liability company, its Manager

By: JEN Partners LLC a Delaware limited liability company, its Member

By: Name: Reuben Leibowitz
Its: Managing Member