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Ra Change

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Date:

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		Acc#I20160000072	· <i>V</i>	
Name:	N33MM, LLC			
Document #:				
Order #:	16205899			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	20	
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Thank you!

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.

	me of the limited liability company: 2200 N. Ocean Blvd.	21	2200 N. Ocean Blvd.	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Unit N1002	U	Jnit N1002	
	Fort Lauderdale, FL 33305		Fort Lauderdale, FL 33305	
	02/28/2022	1.23	220000084361	
	Date of filing/registration in Florida	- _{4.}	Document number	
	Michael Fleming			
. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State;	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
	Registered Office Address (MUST BE FLORIDA STREET) 2200 N. Ocean Blvd., Unit N1002	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	
	Fort Lauderdale, FI	33305	2025 MAR	° 4 {
	C.T. Corporation System			E4 (44.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	70 CS	
			??	3
	NEW Registered Office Address:		35 STE	
	1200 South Pine Island Road			
	Plantation . F	L		
the ch agent was/w the am	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative vote of the members tieks of organization or the operating agreement of the	aws of the Sol the registe liability com of the limite liability liability come of the limited liability.	State of Florida, it is hereby confirmed that aftered office and the business office of the regimpany, it is hereby confirmed that the change ted liability company or as otherwise provide	(s)
	MINE Fleming	Whicha	Printed or typed name of signee	
I hero provis the ob to me notific By:	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completibilizations of my position as registered agent as providing a statute of the proper and completibilizations of my position as registered agent as providing the registered office address, and it is change. CT Corporation System Theresa Buck, Assume of Registered Agent	led for in Ch I hereby cor	hapter 605, F.S. Or, if this document is being infirm that the limited liability company has b	th the accep g filed seen