

From:

Division of Corporations

10/15/2018 10:31

#287 P001/002

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6283

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
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**LLC REGISTERED AGENT CHANGE
1606-400 SUNNY ISLES LLC**

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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. Name of the limited liability company: 1606-400 Sunny Isles LLC

2. (a) 1375 BROADWAY, 15TH FLOOR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

NEW YORK, NY 10018

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/17/2017

3. Date of filing/registration in Florida

M17000002341

4.

Document number

5. (a) COGENCY GLOBAL INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 N CAROLINA ST, SUITE 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

, FL

32301

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee

, FL

32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mitchell Sorkin
Signature of a member or authorized representative of a member

Mitchell Sorkin
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Assistant Secretary
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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