

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
11001 PRITCHARD RD, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

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APPROVED
AND
FILED

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: 11001 PRITCHARD RD, LLC

2. (a) 424 MADISON AVENUE (b) 424 MADISON AVENUE
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
2ND FLOOR 2ND FLOOR
NEW YORK, NY 10017 NEW YORK, NY 10017

3. 02/12/2021 4. M21000001791
 Date of filing/registration in Florida Document number

5. (a) CORPORATION SERVICE COMPANY
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32301

(b) C T Corporation System
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address
1200 South Pine Island Road
Plantation, FL 33324

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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.

Joe Davis JOE DAVIS
 Signature of a member or authorized representative of a member 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.

By: C T Corporation System
Signature of Registered Agent SEAN L EMERICK ASSISTANT SECRETARY