Ma500000 5941

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 14 2025

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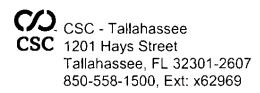
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FILED 2025 KAY 13 AM 9: 56

2025 HAY 13

DATES PASSES

BALEGER



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 05/13/25 Order #: 2200571-2

Re: 11565 Harts Rd PropCo LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

l. N	ame of the limited liability company: 11565 HARTS	RD PRO	PC	COLLC
2. (a)		(t	b)	
- . (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		~ ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	885 THIRD AVE, FLOOR 29			885 THIRD AVE, FLOOR 29
	NEW YORK, NY 10022			NEW YORK, NY 10022
	04/25/2025		ľ	M25000005947
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a				
J, (11 _.	Registered Agent and Registered Office shown on the records o	f the Florida	а Г	Dept, of State:
	PLATINUM AGENT SERVICES LLC		_	
	Registered Office Address (MUST BE FLORIDA STREET) 155 OFFICE PLAZA DR	<u> ADDRES:</u>	<u>S)</u>	7075 HA (13 AH 9: 56
	TALLAHASSEE, F	L_32301		
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	ddr	lress:
	Corporation Service Company			5.00
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee , F	L 32301		
chang agent was/w the are	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the maron Makowsky	nws of the e register iability co of the lin e limited	ed om nite lia	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the oh to mei	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.	ree to act e perform ed for in (hereby co	t ir lan Ch on	in this canacity. I further agree to comply with the
Signat	Ure of Registered Agent			
2				

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

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

INHS18 (2/14) CSC COA-294188