M22000000799

| (Req | uestor's Name) | 1 |
|---------------------------|-----------------|-------------|
| (Add | ress) | |
| (Addi | ress) | |
| (City) | State/Zip/Phor | ne #) |
| PICK-UP | MAIT | MAIL |
| (Busi | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800384671578



RECEIVED

2022 APR 12 PM 3: 37

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 6,034337 8374304 | | | | | | | |
| AUTHORIZATION: 6,03433 8374304 | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | |
| ORDER DATE : April 8, 2022 | | | | | | | |
| ORDER TIME : 1:07 PM | | | | | | | |
| ORDER NO. : 603433-027 | | | | | | | |
| CUSTOMER NO: 8374304 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: 1280 S OCEAN BLVD LLC | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY | | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTACT PERSON: Alexxis Weiland | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | |

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. Na | ame of the limited liability company: 1280 S OCEA | | | | | |
|---|--|---|---------------------------------|---|---|---|
| 2. (a) | 18 E. 4TH STREET, SUITE 902 | | (b) 18 E. 4TH STREET, SUITE 902 | | | UITE 902 |
| Σ, (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| .0) | 1 | Mailing address | of limited liability company: BE POST OFFICE BOX) |
| | CINCINNATI, OH 45202 | | - | CINCINN | ATI, OH 4520 |)2 |
| | 01/14/2022 | | M | 12200000 | 0799 | |
| 3. | Date of filing/registration in Florida | 4. | | | Document nu | umber |
| 5. (a) | C T CORPORATION SYSTEM | | | | | |
| 51 (u) | Registered Agent and Registered Office shown on the records of | of the Floric | la C | Dept. of State | - e: | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRES | <u>(S)</u> | | -• | |
| | | | | | | < 22 |
| | PLANTATION I | FL_33324 | | | _ | 2022 APR 12 |
| | | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | ddr | | - | |
| | | ve villet a | | <u></u> . | | <i>F</i> :: 0 |
| | Corporation Service Company | | | | | 60 % |
| | NEW Registered Office Address: | | | | = | C |
| | 1201 Hays Street | | _ | | _ | |
| | Tallahassee . F | 323 0 1 | | | | |
| change agent v was/we the arti | mited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the company o | ne register liability co s of the lin ne limited | ed om nite lial | office and pany, it is adding to the pany of the pany | d the business s hereby confi y company or ipany. orized Person | soffice of the registered rimed that the change(s) as otherwise provided in |
| | ure of a member or authorized representative of a member | | | | | d name of signee |
| mijied | by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, I have this change. | gree to ac fe perform led for in (I hereby c | i in Ian Che Ionj | this capa ce of my a apter 605, firm that t | ncity. I furthe luties, and I a , F.S. Or, if t the limited lia | r agree to comply with the in familiar with and accept his document is being filed bility company has been |
| | Mace 2-Kuby re of Registered Agent | | | | | |
| Signatur | re of Registered Agent | C - | | | | |

Grace E. Kirby, Asst. Vice President of Corporation Service Company
Division of Corporations P.O. Box 6327