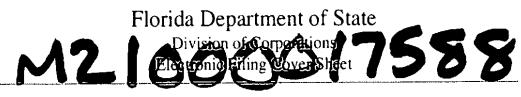
Division of Corporations

→ 18506176383

① 10/21/2022 9:11 AM 10/21/22, 12:09 PM



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 120 BUTLER STREET ASSOCIATES, LLC

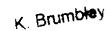
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OCT 24 2022



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

→ 18506176383

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of		
State: 120 BUTLER STREET ASSOCIATES, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)	2022 	
2. The Florida document number of this limited liability company is: M21000017588	2	
<u> </u>	景畫	
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida: 12/2/12021	<u> </u>	
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company:(must contain "Limited Liability Company, " "L.L.C.," or "I	ĪĈ.")	
ter new mailing address, if applicable: Soliting address		
6. If amending the registered agent and/or registered officer address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>icw</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Address	
		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to cout the provisions of all statutes relative to the proper and complete performance of my duties, and I am family and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the liability company has been notified in writing of this change.	iar with is	

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	Name	<u>Address</u>	Type of Action		
ABR	1919 N Flagler Drive Partners, LLC	430 Park Avenue, 12th Floor	□Add		
		New York, NY 10022	≣Remo		
1BR	N Flagler Drive Developer, LLC	430 Park Avenue, 12th Floor	■Add		
		New York, NY 10022	□Remo		
Authorized Christopher Schlank	Christopher Schlank	430 Park Avenue, 12th Floor	\extstyle \textstyle \texts		
	New York, NY 10022	□Remo			
			□Add		
			□Remo		
			□Add		
aforemention	under the law of which this entity is orga	the official having custody of records in the	⊡Remo		