### SIGNATURE: FRANK RICHMAN PROPERTY MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

Name and Address of Current Registered Agent: JEFFREY S. HERSH, P.A.

605 LINCOLN ROAD SUITE 450 MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| The above harned entity submits this statement for the purpose of changing its registered once of registered agent, or both, in the State of Piorida. |  |                 |                                      |
|---|--|-----------------|--------------------------------------|
| SIGNATURE   | E: JEFFREY S. HERSH                      |                 | 04/29/2021                           |
|   | Electronic Signature of Registered Agent |                 | Date                                 |
| Authorized Person(s) Detail :   |  |                 |                                      |
| Title   | MGR                                      | Title           | MEMBER                               |
| Name  | HERSH, JEFFREY                           | Name            | DORAL RETAIL CENTER HOLDINGS,        |
| Address   | 605 LINCOLN ROAD<br>SUITE 450            | Address         | LLC<br>1666 KENNEDY CAUSEWAY<br>#610 |
| City-State-Zip:   | MIAMI BEACH FL 33139                     | City-State-Zip: |                                      |
| Title   | MGR                                      |                 |                                      |
| Name  | KONCKIER, HENRI                          |                 |                                      |
| Address   | 1666 KENNEDY CAUSEWAY<br>#610            |                 |                                      |
| City-State-Zip:   | NORTH BAY VILLAGE FL 33141               |                 |                                      |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

# **Current Mailing Address:**

## **Current Principal Place of Business:**

NORTH BAY VILLAGE, FL 33141

**1666 KENNEDY CAUSEWAY** #610 NORTH BAY VILLAGE, FL 33141 US

### FEI Number: 46-1911017

### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000014702

Entity Name: 1280 OFFICE ON THE LAKE, LLC

**1666 KENNEDY CAUSEWAY** #610

## Secretary of State 3489477397CC

FILED Apr 29, 2021

Certificate of Status Desired: No

04/29/2021 Date