

2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M09000002966

Entity Name: SSB REALTY, LLC**Current Principal Place of Business:**CHANNEL CENTER BUILDING
1 IRON STREET 3RD FLOOR
BOSTON, MA 02110**Current Mailing Address:**CHANNEL CENTER BUILDING
1 IRON STREET 3RD FLOOR
BOSTON, MA 02110 US**FEI Number:** 04-3446767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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.***SIGNATURE:** MATTHEW HANLON

01/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER AND PRESIDENT
Name	SARNOSKI, DUSTIN
Address	CHANNEL CENTER BUILDING 1 IRON STREET 3RD FLOOR
City-State-Zip:	BOSTON MA 02110
Title	MANAGER
Name	MCGEAN, WILLIAM
Address	JOHN ADAMS BUILDING 1776 HERITAGE DRIVE 3RD FLOOR
City-State-Zip:	NORTH QUINCY MA 02171
Title	MANAGER & TREASURER
Name	HEINSEN, KERSTIN
Address	1 IRON ST
City-State-Zip:	BOSTON MA 02210

Title	MANAGER
Name	AUNOY, BANERJEE
Address	CHANNEL CENTER BUILDING 1 IRON STREET 3RD FLOOR
City-State-Zip:	BOSTON MA 02110
Title	MANAGER
Name	LEWIS, DONA
Address	JOHN ADAMS BUILDING 1776 HERITAGE DRIVE 4TH FLOOR
City-State-Zip:	NORTH QUINCY MA 02171
Title	SECRETARY
Name	HANLON, MATTHEW
Address	CHANNEL CENTER BUILDING 1 IRON STREET 3RD FLOOR
City-State-Zip:	BOSTON MA 02110

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

SIGNATURE: MATTHEW HANLON**SECRETARY**

01/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date