that my name appears above, or on an attachment with all other like empowered. SIGNATURE: KOLLEEN O.P. COBB VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: C/O FECI P.O. BOX 164739

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

Entity Name: MIAMI SUPERTOWER A LLC

Current Principal Place of Business:

COBB, KOLLEEN O.P. C/O FECI 350 NW 1ST AVENUE STE 200 MIAMI, FL 33128 US

City-State-Zip: MIAMI FL 33116

350 NW 1ST AVENUE STE 200

MIAMI, FL 33116 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:

C/O FECI

MIAMI, FL 33128

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	VP, SECRETARY	Title	VP, AS, T
Name	COBB, KOLLEEN O.P.	Name	GODOY, JUAN (RUSTY)
Address	C/O FECI P.O. BOX 164739	Address	C/O FECI P.O. BOX 164739
City-State-Zip:	MIAMI FL 33116	City-State-Zip:	MIAMI FL 33116
Title	VP		
Name	ANDERSON, MAURICIO H		
Address	C/O FECI P.O. BOX 164739		

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

FILED Apr 09, 2024 Secretary of State 1349062745CC

Certificate of Status Desired: No

Date

04/09/2024