(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
red Copies	Certificates of	f Status
and Instructions to Filin	g Officer;	
		<del></del>
	Office Use Only	



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A. RAMSEY JAN 1 9 2023

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## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Acc#I20160000072

w: DW

01/17/2023

Date:

Name:	PBMHL NEW YORK THREE LP	
Document #:	I DIVITE REVE TOTAL TIMEE E.	
Order #:	14730676	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
Certified Copy of		
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:	
Filing: 🚺	Certified: Email Address for Annual Report Notifi  Plain:  COGS: Email Address for Annual Report Notifi	cation
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 35.00	

Thank you!

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	PBMIIL NEW YO	ORK THREE	LP		
'' <del></del>	Name of Limited Partnership or Lim	ited Liability	Limite	ed Partnership	
2.	08/19/2020	3.		B2000000160	
	f filing/registration in Florida		Flo	rida document number	
4. The name of Department of S	the registered agent and the registered of State:	office address	as sho	own on the records of the I	Florida A
	DIVERSIFIED CORPORAT	E SERVICES	INTI	LINC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Nam	ic			~ <b>~</b>
	18560 NORTH	BAY ROAD			
	Addre	ess			~
	SUNNY ISLES BE	ACH, FL 331	60		
	City, State	and Zip			
5. The name an	nd Florida street address of the new regis		nd/or o	office:	<i>-</i>
	NRAI Servi			<del></del>	
	Nan	ne			
	1200 South Pine	Island Road		_ <u></u>	
	Florida street address (P.	O. Box not acc	ceptab	le)	
	Plantation,	F	L	33324	
	City, State	orida Departm			
	enera/Pariner LGS TURKEL GP, Inc., a By Martin LIEBERMAN	President			
comply with the and I am familia Cuda. Signature of Re	- · ·	e proper and c	omple	te performance of my dutt	? to 'es,
Linda Sta	auffer, Assistant Secretary				
Filing Fee: Certified Co	\$35.00 opy (optional): \$52.50				