

1397000000284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

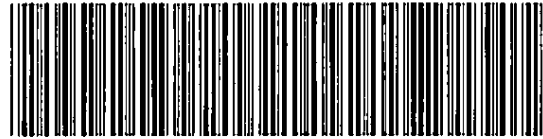
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SECRETARY OF STATE
TALLAHASSEE, FL
DIVISION OF
OFFICE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100040 8039546

AUTHORIZATION :

COST LIMIT : \$ 35.00

[Handwritten signature]

ORDER DATE : October 31, 2023

ORDER TIME : 10:31 AM

ORDER NO. : 100040-033

CUSTOMER NO: 8039546

CHANGE OF AGENT

NAME: NORSTAR DEVELOPMENT USA, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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. NORSTAR DEVELOPMENT USA, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/09/1997 3. B97000000284
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MCDONOUGH, BRIAN J
Name

150 WEST FLAGLER STREET, SUITE 2200
Address

MIAMI, FL 33130
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

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TALLAHASSEE, FL

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi Jill Cilmi, Vice President on behalf of
Signature of General Partner NORDEV, INC., General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace E. Kirby Grace E. Kirby, Asst. Vice President
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50