Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

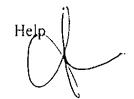
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REGISTERED AGENT CHANGE AG REAL ESTATE MANAGER, INC.

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Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of Det registered agent, or both, in the State of Flo	laware	uis
	the corporation: AG Real Estate Mi		, , , , , , , , , , , , , , , , , , , ,	
	l office address: c/o Angelo, Gordon	& Co., L.P.245 Park Avenue, 26th Floor		
3. The mailing				
4. Date of inco	poration/qualification: 07/23/2009	Document number: F090000029)55	
5. The name ar		tered agent and registered office on file with		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROA	AD	÷.	2024 (
	1200 SOUTH PINE ISLAND ROA		[-]	OCT 2
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):		e 5/1	2024 OCT 23 AM 10:	
	Corporate Creations Network Inc.		<u>.</u>	Ω Ö
	801 US Highway !			œ
	North Palm Beach, FL 33408	P.O. Box NOT acceptable		
The street addr	ess of its registered office and the l be identical.	street address of the business office of its r	egistere	ed agent,
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has b	idopted by its board of directors or by an of een notified in writing of the change.	ficer so	
Adia Mylss		Adia Myles, Attorney-in-Fact		
I hereby accep I further agree of my duties, a document is be	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	Printed or typed name and title tent and agree to act in this capacity, all statutes relative to the proper and complete obligation of my position as registered are in the registered office address, I hereby hange.	'ete perf igent. (confirm	formance Or, if this that the
Adia Ma	Les gnature of Registered Agent	10/23/2024		
A	gnature of Registered Agent	Date		
If signing on b	chalf of an entity:			
Adia Myles, Sp				
•	Typed or Printed Name	NO CEE 636 00 + + -		
		NG FEE: \$35.00 * * *		