F1100000 4034

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

the second second

ACCOUNT NO. : I2000000195				
REFERENCE : 189865 4332382				
AUTHORIZATION : Lovell Blomp.				
COST LIMIT : \$ 35.00				
ORDER DATE : December 7, 2022				
ORDER TIME: 8:34 AM				
ORDER NO. : 189865-014				
CUSTOMER NO: 4332382				
CHANGE OF AGENT				
NAME: TRUMP ENDEAVOR 12 MANAGER CORP				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes. corganized under the laws of the State of DELAW		
· ·		registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: TRUMP ENDEAV	OR 12 MANAGER CORP		
2. The principal NEW YORK, N	office address: 725 FIFTH AVENU Y 10022	UÉ		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/07/2011	Document number: F11000004034		
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	NRAI SERVICES, INC	:/	20	
	1200 SOUTH PINE ISLAND RC	DAD E	1022 DEC 15	
	PLANTATION	FL 33324	0.15	
6. The name and (if changed):		ed agent (if changed) and /or registered office	AN 9: 09	
Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable				
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its registe	red agent.	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	0	
Signatur	e dran officer or director	Jill Cilmi, Vice President Printed or typed name and title		
I firsther agree to of my duties, and document is being corporation has Carparation By:	o comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notice Company Service Company	ent and agree to act in this capacity. dl statutes relative to the proper and complete pe he obligation of my position as registered agent. e in the registered office address. I hereby confir, hange.	rformance Or, if this m that the	
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	Asst Vice President ped or Printed Name			
	* * * FILIN	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (04/13)