L03000006316

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



200429631892

2024 HAY 16 AM 11: 48

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 46.6449 8450799 | | | | | | |
| AUTHORIZATION CARENTE | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| ORDER DATE : May 13, 2024 | | | | | | |
| ORDER TIME : 10:19 AM | | | | | | |
| ORDER NO. : 466449-010 | | | | | | |
| CUSTOMER NO: 8450799 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| NAME: DRAKE 310, LLC | | | | | | |
| | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |
| | | | | | | |
| CONTACT PERSON: Amanda Miller EXT# | | | | | | |
| EXAMINER: | | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| (a) | nme of the limited liability company: DRAKE 310, L | (b) | C/O Gates Capital Management | |
|--|--|---|--|--|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) | |
| | 620 SOUTHARD STREET | | 3575 Cherry Creek North Drive | |
| | KEY WEST, FL 33040 | | Denver, CO 80209 | |
| | 02/20/2003 | L | L03000006316 | |
| | Date of filing/registration in Florida | 4. | Document number | |
| (a) | | | | |
| (a) | Registered Agent and Registered Office shown on the records o | f the Florida I | Dept, of State: | |
| | Gates Capital Management | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | (ADDRESS) | 2 | |
| | 620 SOUTHARD STREET | | | |
| | KEY WEST . F | , 33040 | | |
| | F | l | ZOZ4 HAY | |
| (b) | | | ZOZ4 HAY | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office add | m. · | |
| | Corporation Service Company | | AMII: 48 | |
| | NEW Registered Office Address: | | AMII: 48 | |
| | 1201 Hays Street | | A 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | | | |
| | Tallahassee | L | | |
| ange ent v | imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the | iws of the S e registered iability con of the limit c limited lia | d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided lability company. | |
| | /s/ John Welsh | | John Welsh, Authorized Person | |
| arti | | | | |
| e arti- Signat Derek Ovisio Ovisio Ovisio Mere | ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. | ree to act in performan ed for in Ch hereby con | Printed or typed name of signee in this capacity. I further agree to comply with ince of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being fi infirm that the limited liability company has been | |

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