L03 0000 20483

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



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2022 JAN TO AM 7: 34 SECRETARY OF STATE

, C.O:15 JAN 21 2022

CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825

Tel: (800) 447-6237

Job Number: 429781-6671 Date: 1/5/2022

Name: BINY, LLC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #97229 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

·loride					
l. Na	ame of the limited liability company: BINY, LLC			-	
2. (a)		(b)			
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4550 N. BAY ROAD	455	4550 N. BAY ROAD		
	MIAMI BEACH, FL 33140	MI BEACH, FL 33140 MIAMI BEACH, FL 33140			
	06/06/2003	L03	000020483		
3.	Date of filing/registration in Florida	4.	Document number		
	JUDITH HERMAN				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept	, of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	_ 	20	
	4550 N. BAY ROAD		TECF ALCE	27	क्ट्रिस्) -
	MIAMI BEACH, F	L33140		2022 JAN 10	2 mm
	NRAI SERVICES, INC.		ASSI 		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	SEE JAI	AM 7: 34	
	NEW Registered Office Address:				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION , F	_{SL} 33324			
the chagent was/w the ar Sign I her provi. the obto me	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the natural of a member or authorized representative of a member seby accept the appointment as registered agent and a spin so fall statutes relative to the proper and comple bligations of my position as registered agent as provided in writing of this change.	of the registere liability compass of the limited liability liabil	and office and the business office of any, it is hereby confirmed that the liability company or as otherwise lity company. H HERMAN, MANAGER Printed or typed name of signe	tine repe change provid	gistered e(s) ed in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent CHRISTOPHER CHEUNG, ASSISTANT SECRETARY