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(Requestor's Name)				
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### CT CORP

#### (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

05/22/2024

D	ate:	05/22/2024	M. I
		Acc#I20160000072	- w: DW
Name:	Maurice R. ar	nd Corinne P. Green	berg Joint Tenancy, LLC
Document #:			
Order #:	15569041 - 1		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Thank you!

#### **COVER LETTER**

Division of Corporations	
Maurice R. and Corinne P. G SUBJECT:	Greenberg Joint Tenancy Company, LLC
	Name of Limited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Irene Fields	
Name of Perso	n n
C. V. Starr & Co., Inc.	
Firm/Company	<del>y</del>
399 Park Avenue, 17th Floor	
Address	
New York, New York 10022	
City/State and Zip	Code
irene.fields@starrcompanies.com	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this	s matter, please call:
Julie Murray	646 227-6308 at ( )
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	dlowing amount:
S25 Filing Fee	

## 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.

1. Na	ame of the limited liability company: Maurice R. and C	Corinne P. Gr	Greenberg Joint Tenancy, LLC
2. <b>(a)</b>		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	05/12/2006	L(	L06000049181
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KTG&S REGISTERED AGENT CORPORATION		<del></del>
	Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET  100 SE 2ND STREET	ADDRESS)	
		33131	
		<u></u>	
(b)	C T Corporation System		72 LE
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	2024 HAY 22 MH 10: 06
	NEW Registered Office Address:		06
	1200 South Pine Island Road		-
	Plantation , Fl	33324	
the cha agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literature authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registe iability com of the limite limited lial	tered office and the business office of the register inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
C'	Where stields		Irene Fields Secretary
I here provisi the obs to mer notifie By:	by accept the appointment as registered agent and agent on a second statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I drin writing of this change.  Comportion System  Stephen Rullis, VP & Asst. Second of Registered Agent	e performan ed for in Chi hereby conj	Printed or typed name of signee in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file infirm that the limited liability company has been

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