

LOG000073445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

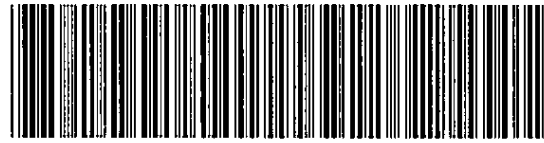
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 MAR -5 PM 12: 25

FILED

TALLAHASSEE, FLORIDA

2024 MAR -5 AM 11: 14

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 03/05/24
Order #: 1439736-1
Re: 433 Lincoln Road LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Cost Limit:: \$25.00

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "AUTH".

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 433 Lincoln Road LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Mui

Name of Person

West Coast Investors

Firm/Company

1244 6th Street

Address

Santa Monica, CA 90401

City/State and Zip Code

accounting@westcoastinvestors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Mui

310-319-1966 ext 103

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: 433 Lincoln Road LLC

2. (a) 433-445 Lincoln Road, Miami Beach, FL 33139 (b) 1244 6th Street, Santa Monica, CA 90401
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 07/25/2006 4. L06000073445
 Date of filing/registration in Florida Document number

5. (a) Roth, Jeffrey C., Esq.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 c/o Roth & Schell

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
866 South Dixie Highway

Coral Gables, FL 33146

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 2024 MAR -5 PM 12: 25
 FILED

(b) _____
 Enter name of NEW Registered Agent and/or NEW Registered Office address

Corporation Service Company

NEW Registered Office Address:
1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____
 Signature of a member or authorized representative of a member Printed or typed name of signee
 Nicholas Argyropoulos

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Steph Albertini
 Signature of Registered Agent