## 110000090398

(Re	equestor's Name)		
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(***			
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(Cit	ry/State/Zip/Phone #)		
,	,		
PICK-UP	WAIT MAIL		
	siness Entity Name)		
100	onicoo Emity Name,		
(Do	cument Number)		
Certified Copies	_ Certificates of Status		
Special Instructions to	Filing Officer:		
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RAGRO Charge

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TALLAHASSEE, FLORI

RECEIVED

A RAMSEY JUN 21 2022 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbasson FL 32201

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 731050 4332382					
AUTHORIZATION :					
COST LIMIT : \$25.00					
ORDER DATE : June 8, 2022					
ORDER TIME : 10:01 AM					
ORDER NO. : 731050-203					
CUSTOMER NO: 4332382					
CHANGE OF AGENT					
NAME: WEST PALM OPERATIONS LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland EXT#					

EXAMINER: \_\_\_\_

## 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:	DPERATIONS LLC		
2. (a)	PALM BEACH INTERNATIONAL AIRPORT	725 FIF	(b) 725 FIFTH AVENUE, 25TH FLOOR	
Σ. (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3800 Southern Blvd. Suite 105			
	West Palm Beach, FL 33406	NEW YO	DRK, NY 10022	
	08/27/2010	L1000009		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NRAI SERVICES, INC			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept, of Sta	ate:	
	1200 SOUTH PINE ISLAND ROAD		\$ 1 m	
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)		
	PLANTATION	. 33324		
	, F	L	<u> </u>	
as				
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	_	
		,		
	Corporation Service Company			
	NEW Registered Office Address:		-	
	1201 Hays Street			
	Tallahassee	ຸ 32301		
	· · · · · · · · · · · · · · · · · · ·	L	_	
	imited liability company is not organized under the la			
cnange agent v	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	e registered office at iability company, it:	is hereby confirmed that the change(s)	
was/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the limited liabili	ty company or as otherwise provided in	
		•	• •	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
I here.	by accept the appointment as revistered agent and ag	ree to act in this car	pacity: I further garee to comply with the	
provisi the obl to merc	ons of all statules relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I I in writing of this change.	performance of my ed for in Chapter 60, hereby confirm that	duties, and I am familiar with and accept fully the state of this document is being filed the limited liability company has been	
	Drace L-Kuby			
Sionatu	re of Registered Agent			

Grace E. Kirby, Asst. Vice President of Corporation Service Company
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00