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,	(Requestor's Name)	
	(Address)	
<u> </u>		
	(Address)	
	(City/State/Zip/Phone #)	
	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
ertified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
	Office Use Only	

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/042

Re: PS AVENTURA BISCAYNE 2013, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of $\frac{25}{25}$.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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.

l. (a)	701 Western Avenue	(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Glendale, CA 91201		
	11/27/2013	<u>L1</u>	3000166225
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
()	Registered Agent and Registered Office shown on the records	of the Florida Dep	of State:
	1200 South Pine Island Road		2 2
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRESS)</u>	ECRE JAN 30
	Plantation	FL <u>33324</u>	
(b)	Corporation Service Company		
(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address	
	1201 Hays Street		
	<u>NEW</u> Registered Office Address:		
	Tallahassee	 FL_ 32301	
he cha igent v was/wo	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	of the registere l liability compa rs of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/]	/s/ Jill Cilmi		, Authorized Person
Siona	Signature of a member or authorized representative of a member		Printed or typed name of signee

notified in writing of this change. address, I hereby confirm that the limited liability company has been 01

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President

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

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