From: James Tanks III

3/31/22, 5:33 PM

Division of Corporations

Florida Department of State

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LLC REGISTERED AGENT CHANGE TOWERHOUSE TREAT, LLC

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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.

1.	Na	nne of the limited liability company:	LLC			
	(a)	5500 Collins Ave.		(b)	333 E. 6	9th Street
٠.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
		Apt 1704			#10CD	
		Miami Beach, FL 33140	_		New Yor	k NY 10021
		March 25, 2014			L1400004	9763
3. 5	(a)	Date of filing/registration in Florida Helene Fortunoff	4.			Document number
J.	(4)	Registered Agent and Registered Office shown on the records of the 5500 Collins Ave.	ne Flor	ida l	Dept. of St	ate:
		Registered Office Address (MUST BE FLORIDA STREET A) #1704	DDRI	: <u>\$.\$)</u>		
		Miami Beach , FL	33140)		
	(b)	NRAI Services, Inc	Ξ.			2022 APR
	(0)	Enter name of NEW Registered Agent and/or NEW Registered 6				FILE SHEET
		NEW Registered Office Address:	······			
		1200 South Pine Island Road			·	_ 2
		Plantation , FL	3332-	ļ	·	
th ag W	e cha gent v as/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited lial control of the limited lial control or the operating agreement of the limited lial control or the operating agreement of the lianguage.	the re bility f the l limite	gist cor imi d li	ered offi npany, it ted liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
_	Siena	must of a remover or authorized representative of a member			r i wana	Printed or typed name of signee
I pi th	here ovist e obt mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. NRAI Services, Inc.	ee to perfo l for i erebj	act rma n C v co	in this ca nce of m hapter bl nfirm tha	modity. I further upres to comply with the
S	ign ad	Mark Holloway, Asst.	Sec.			