## 6000212689

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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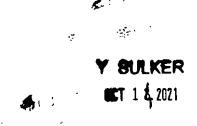


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2021 OCT 13 PM

RECEIVED



CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 067080 8349628								
AUTHORIZATION: Somello Ble man								
COST LIMIT : \$ 25.00								
ORDER DATE : October 4, 2021								
ORDER TIME : 2:07 PM								
ORDER NO. : 067080-008								
CUSTOMER NO: 8349628								
CHANGE OF AGENT								
NAME: DHG PALM BEACH, 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	me of the limited liability company:	CH, LL	.C		
2. (a						
`	´ •	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· ·		,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		200 WEST 55TH STREET SUITE 42			200 WEST	T 55TH STREET SUITE 42
		NEW YORK, NY 10019	 		NEW YOR	RK, NY 10019
		11/22/2016		1	L16000212	2689
3.		Date of filing/registration in Florida	4.	_		Document number
5. (	(a)					
-'- (	(a)	Registered Agent and Registered Office shown on the records of the NRAI Services, Inc.	he Florid	la I	Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S)		
1200 South Pine Island Road						
		Plantation .FL	33324			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						37 <del>-</del> ω τ τ τ τ τ τ τ τ τ τ τ τ τ τ τ τ τ τ
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>đđ</u>	ress:	
		Corporation Service Company				NAX SEE STATE
		NEW Registered Office Address:				<b>三三</b> 5
		1201 Hays Street				• ·
		Tallahassee	32301			
chan agen was/	ige it w we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of the soft organization or the operating agreement of the law	register bility co f the lin	ed on nit	office and pany, it is ed liability bility com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sie	nati	are of a member or authorized representative of a member				, Authorized Person  Printed or typed name of signee
l he prov the c to m notif	reb isio bli ere iud	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have writing of this change	erform	m	n this capa ice of my d	city. I further agree to comply with the luties, and Lam familiar with and accept