L17000198696

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195				
REFERENCE :	079592 8257429				
AUTHORIZATION :	V X				
COST LIMIT :	\$25.00				
ORDER DATE : October 26, 2022					
ORDER TIME : 1:40 PM					
ORDER NO. : 079592-005					
CUSTOMER NO: 8257429					
CHANGE OF AGENT					
NAME: FLAGLER INVESTME LLC	ENT HOLDINGS,				
ביניכ					
PLEASE RETURN THE FOLLOWING AS PR	COOF 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. N	ame of the limited liability company: FLAGLER INVI	ESTME	NT HOLI	DINGS, LLC	
2. (a)	TWO SOUTH BISCAYNE BOULEVARD	1	(b) TWO SOUTH BISCAYNE BOULEVARD		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 2000		SUIT	TE 200	
	MIAMI, FL 33131		MIAN	MI, FL 33131	
	10/22/2017		L1700	00198696	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CHOUKROUN, DIDIER				
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. o	of State:	
	TWO SOUTH BISCAYNE BOULEVARD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	2022	
	SUITE 2000			9	
	MIAMI	33131		2022 OCT 26	
		<u></u>		 	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			——————————————————————————————————————	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		
	Corporation Service Company			7	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . F1	32301			
change agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ability c of the lir	ed offic ompany nited lia	ce and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	/s/Didier Choukroun	Dio	dier Cho	pukroun, Authorized Person	
_	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to meri	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to ac perform d for in hereby c	t in this vance of Chapter vonfirm i	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
	/s/Grace E. Kirby	\underline{G}	race E.	. Kirby, Asst Vice President	

Signature of Registered Agent