

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
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2024 JUN 18 AM II: 23 RECEIVED LABSYEL 2024 JUN 18 KM 9: 50

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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. Name of the limited liability company: DORAL ATRIUM RETAIL INVESTMENTS HOLDINGS MEMBER PARENT, LLC

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		b)	
	3310 Mary Street Suite 302		3109 GR	AND AVENUE #349
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133
	03/26/2018		L1800007	74781
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(,	Registered Agent and Registered Office shown on the re-	ecords of the Floric	la Dept. of Sta	le:
	NRAI SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL_ ³³³²⁴		2024 JUN 18 AM
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
	Taker frame of <u>NEW Registered Agent</u> and/of <u>NEW R</u>	argistered office a	<u>uuress</u> .	
	Corporation Service Company <u>NEW</u> Registered Office Address: 1201 Hays Street			JUNIA AN 9:50 Crettory (ESTAT
change agent v was/we the arti	imited liability company is not organized unde or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida line ere authorized by an affirmative vote of the me icles of organization or the operating agreement	r the laws of the ss of the register mited liability c embers of the lin at of the limited	e State of Fl red office ar ompany, it nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	Lie E. C.Qui ture of J member or authorized representative of a memb	JIL	L CILMI, AU	JTHORIZED PERSON Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent ions of all statutes relative to the proper and co igations of my position as registered agent as ely reflect a change in the registered office ado d'in writing of this change.	and agree to ac	et in this cap nance of my Chapter 60. confirm that	pacity I further agree to comply with the
Signatu	Drace LeKubly re of Registered Agent	GRACE	E. KIRBY,	ASST. VICE PRESIDENT
		no n /		NY 33344

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

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