(Requestor's Name)							
(Address)							
(1-1-1-1)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
,							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to 1 ming Officer.							

Office Use Only



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OCT 1 4 2021 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 067080 8349628

AUTHORIZATION : Spelle Kenan

COST LIMIT : \$ 25:00

ORDER DATE: October 4, 2021

ORDER TIME : 2:07 PM

ORDER NO. : 067080-006

CUSTOMER NO: 8349628

## CHANGE OF AGENT

NAME: DHG BRICKELL, 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.

I. N	ame of the limited liability company: DHG BRICKEL	L, LLC					
2. (a)		,	b)	annana .			<del></del>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE Po		-	
	200 WEST 55TH STREET SUITE 42		200 WES	ST 55TH STREET	SUITE	42	
	NEW YORK, NY 10019		NEW YORK, NY 10019				
	05/25/2018		L1800013	1836			
3.	Date of filing/registration in Florida	4.		Document number	r		
5 (0)							
5. (a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	the Flori	da Dept. of Sta	ie:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>		202	
	1200 SOUTH PINE ISLAND ROAD SUITE 390					2021 OCT	• •
	PLANTATION FI	33324		_		3	
					•	A.P.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		Ö	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office 2	ddress:			:- သ	
	Corporation Service Company			_		$\omega$	
	NEW Registered Office Address:						
	1201 Hays Street			_			
	Tallahassee F	32301					
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the registe iability of the li	red office ar company, it mited liabili	nd the business off is hereby confirme ty company or as o	ice of t d that t	he regi: he chai	stered nge(s)
Jee E. Cone			Jill Cilr	Jill Cilmi, Authorized Person			
-	ature of a member or authorized representative of a member			Printed or typed nar			
provis the ob- to met	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address. I see in writing of this change.	ree to a perfori ed for in hereby	ct in this cap nance of my Chapter 60 confirm that	pacity. I further as eduties, and I am fo 5, F.S. Or, if this o the limited liabilit	gree to amiliar docume y comp	comply with a ent is be sany ha	with the nd accept ging filed as been
Signat	ure of Registered Agent						