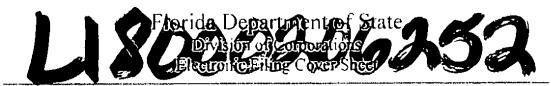
To:

Division of Corporations



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(((H20000093409 3)))



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Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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MAR 27 2020

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: SANTA FE HOI	DINGS	GF	ROUP LLC	
2. ((b)		
<u> </u>	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ _	` '		failing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		2 HOBART ST			2 HOBAR	T ST
		BRONXVILLE, NY 10708			BRONXV	ILLE, NY 10708
		08/28/2018		i	.180002062	52
3.		Date of filing/registration in Florida	4.	_		Document number
z	(0)	Michael Lander				بے
5. (a)	(a)	Registered Agent and Registered Office shown on the records o		rida l	Dept, of State	2020 HAR 26 PH 12: 145
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		28		
		3725 Meyer Pl.		À.:		
		SARASOTA, F	L_34239)		10 N
/ h	(b)	C T Corporation System				1 5 T
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office	add	<u>ress</u> :	_
		NEW Registered Office Address:				
		1200 South Pine Island Road		_		-
		Plantation F	L_3332-	4		-
the age wa the	cha ent v s/w art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the re liability s of the ne limite	egis lim ed l	tered office mpany, it is ited liabilit	s and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. TDER
-		thre of member of authorized representative of a member	_			Printed or typed name of signee
pro the 10	vis ob mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a charge in the registered office address.	te perjo ded for I hereb	in C y ce	ince of my hapter 60; infirm that	airies, and ram jamada with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
<i>по</i> : Ву:	C T Corporation System A C L Kimberly Stein					
		ure of Registered Agent	ASSIS	can	t Secreta	ы у