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O SIMMONS

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.

Na	ame of the limited liability company:	ts 11 L.L.C.			
	465 Brickell Ave.	(b) 465	Brick	keli Ave.	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	d liability company: TOFFICE BO.V
	#3601	#36	01		
	Miami, FL 33131	Mia —	ımi, F	L 33131	
	06/25/2019	L190	00158	3574	
	Date of filing/registration in Florida	4.		Document number	
(a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the records of	le:	202 SE		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	220 JAN 22 SEORE I AS TALLAHA
	7901 4th St. N., Ste 300			_	辛克 克
	St. Petersburg , FL 33702				<i>∵,</i> -<.
				-	南西
	Enter name of NEW Registered Agent and/or NEW Registered	l Office and describe		_	PM I2: 30 OF STATE SEE, FL
	Enter name of NEW Registered Agent and/or NEW Registered	ropince autoress.			, 표 0
	Aruzhan Kanat				
	NEW Registered Office Address:			_	
	465 Brickell Ave., #3601	·			
	Miami	33131			
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the State registered offi ability compan of the limited li	ice an ly, it i labilit ty con	id the business office is hereby confirmed the ty company or as other	of the registered hat the change(s)
Signa	ture of a member authorized representative of a member	Vianian c		Printed or typed name o	Signee
here ovisi e obi mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered affice address. It din writing of this change.	vee to act in thi performance of d for in Chapte hereby confirm	is cap of my er 60: e that	acity. I further agree	to comply with the
ignatı	ure of Registers Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)