L20000244802

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Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	03/27/2025					
Name:	Ovidshel Occean Jr.	-				
Reference #	2693384	_				
Entity Name	CYRENE A	MIRABAY, LLC				
	es of Incorporation/Authorization					
Amer	ndment					
✓ Change of Agent						
Reinstatement						
☐ Conv	ersion					
☐ Merg	er					
☐ Dissolution/Withdrawal						
Fictitious Name						
Other	ſ <u></u>					
Authorized A						
Signature: _	O, aun fur					

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.

Name of the limited liability company:			(CYRENE AT MIRABAY, LLC		
2.	(a)	680 FIFTH AVENUE	<i>(</i>	o)	680 FIFTH AVENUE	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		25TH FLOOR	_		25TH FLOOR	
		NEW YORK, NY 10019	_		NEW YORK, NY 10019	
		8/21/2020			L20000244802	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	DOWNING, GRANT T				
• •	(,	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	:	
		222 W. COMSTOCK AVENUE				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		SUITE 101				
(WINTER PARK FL, FL	3	2789	202 TAI	
	(b)	b) Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Of			F- L 2025 HAR 27 TÄLLAHÄSS	
				AR 27		
		115 North Calhoun Street, Suite 4		E.F.		
		NEW Registered Office Address:			FILED 2025 MAR 27 AM 10: 02 PALLAHASSÉE. FLORIDA	
		Tallahassee . FI	3	2301		
the age was the	cha ent w s/we artic	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li- ure of a member or authorized representative of a member	the regi bility co othe lin	stered office ompany, it is lited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
pro the to r not	visio obli nere ifiea	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change. The of Registered Agent Tracy Giumarra, Assistant Secretary	ve to act perform for in C ereby co	in this capa ance of my a Thapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	

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