From: Lexus Wingo

3/30/22, 4:48 PM

Division of Corporations

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## LLC REGISTERED AGENT CHANGE MOONRISE HOLDINGS LLC

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## From: Lexus Wingo

## 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: MOONRISE HOLI	DING	S LLC			
2. (	a)	C/O T/AG ASSOCIATES LLC		(b) C/O TAG	ASSOCIATES LLC		
<b>-</b> . (	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		810 7TH AVE. 7TH FLOOR	_	810 7TH A	AVE. 7TH FLOOR		
		NEW YORK, NY 10019	-	NEW YO	RK, NY 10019		
		04/15/2021		L21000176	377		
3.		Date of filing/registration in Florida	4.	-	Document number		
5. (	′a \	DE ZAYAS, CARLOS L					
		Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A)					
		1221 BRICKELL AVENUE, 19TH FLOOR			<b>202</b>		
		Miami , FL	3131		2022 HAR		
	b)	C T Corporation System			FILE STATE		
		Enter name of NEW Registered Agent and/or NEW Registered (	Mice	address:	PH 3: 53		
		NEW Registered Office Address:					
1200 South Pine Island Road					_		
		Plantation, FL	33324	 	_		
the dager	cha it v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he rebility the l imite	gistered office company, it limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Si	gne	ture of a member or authorized representative of a member	_	<u> </u>	Printed or typed name of signee		
prov the c to m noti	visi obli eri fio	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had my it in a change in the registered office address, I had no composition by stem in the registered of the composition by stem in the registered Agent	e to perfor for i ereby	act in this cap rmance of my in Chapter 60 v confirm that	pucity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
		Holloway, Asst. Sec.	ox 61	327a Tallaha	issee, F1, 32314		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							

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