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Division of Corporations

Email Address:_

Fax Number : (850)617-6383

From: Account Name : C r CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE NYB SUNSHINE REAL ESTATE, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	ime of the limited liability company: NYB Sunshine Re	al Estate.	LLC	
!. (a)	No Change	(b)	No Change	
(0)	Principal office address of limited hability company: (Nate: MUST BE STREET ADDRESS)		Ma	tling address of limited hability company: Note: MAY BE POST OFFICE BOX
	12/27/2021	 [.21000532782	
<u>.</u>	Date of filing/registration in Florida	4.	D	ocument number
5. (a)	CORPORATION SERVICE COMPANY			
., (41	Registered Agent and Registered Office shown on the records of t	he Fiorida	Dept. of State:	
	Registered Office Address	(DDRESS)		
	TALLAHASSEE, FL	32301		2025
(b)	C T Corporation System			
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		ress:	FILTURE OF THE SE TALLAHASSET OF LORID
	NEW Registered Office Address:			(C. 3)
	1200 South Pine Island Road			Ē; ₽
	Plantation, FL	33324	<u>.</u> _	
he cha igent v vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- gre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co I the limi	lered office a npany, it is I ted liability (nd the business office of the registered tereby confirmed that the change(s) company or as otherwise provided in
	Laura K. Coleman	Laura	K, Coleman	
-	ture of a member or authorized representative of a member			rinted or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, 1 h in writing of this change. CT Corporation System	performa 1 för in C tereby co	nce of my du hapter 605, I nfirm that th	ity. I further agree to comply with the tres, and I om familiar with and accept E.S. Or, if this document is being filed e limited liability company has been
8y:		ÆRIGK ASSIS	ANT SECRETARY	
aignaiu	re of Registered Agent			