L22000 173262

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE SEP - 8 2025					

Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/5/25

NAME: 1601 N MIAMI ASSOCIATES LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

25.00

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. N	ame of the limited liability company: 1601 N Miami	Associate	s LLC		
1 (n)			(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(6)	Mailing address of limited (Note: MAY BE POST	
	40 Wall St, Suite 2961,		40 Wa	ill St, Suite 2961,	
	NEW YORK, NY 10005		NEW	YORK, NY 10005	
	04/26/2022		L22000	173262	
3.	Date of filing/registration in Florida	— 4.		Document number	
	CORPORATION SERVICE COMPANY				
(b)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of	f State:	
	regimered right and regimered		-		20
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u></u>		2025 S
	1201 HAYS STREET				Lu No
	1201 HATS STREET				را , ⁻
	TALLAHASSEE, I	FL_32301-	-2525		7
	NUCO Filings Corp. Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	
	NEW Registered Office Address:		-		
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				
	TALLAHASSEE, I	FL			
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the 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	ne registe liability (s of the li ne limited	ered office company, mited lial I liability	e and the business office of it is hereby confirmed the bility company or as othe company.	at the change(s) rwise provided in
	/S/EŁLIOTT TEITELBAUM	<u> </u>		EITELBAUM, AUTHORIZ Printed or typed name of	
	ature of a member or authorized representative of a member			·	
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, d in writing of this change.	gree to a le perfori led for in I hereby	ct in this mance of Chapter confirm t	capacity. I further agree my duties, and I am famil 605, F.S. Or, if this docv hat the limited liability co	to compty with the liar with and accept ament is being filed ompany has been
	S/ELLIOTT TEITELBAUM				
Signati	ire of Registered Agent				