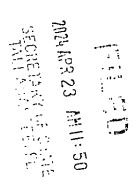
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(	Requestor's Name)					
(	Address)					
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PICK-UP	WAIT MAIL					
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	Business Entity Name)					
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(	Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to F	tling Officer:					
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 410515 8447329

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE: April 10, 2024

ORDER TIME : 1:31 PM

ORDER NO. : 410515-009

CUSTOMER NO: 8447329

CHANGE OF AGENT

NAME: 255 NE 3RD AVE UNIT 2414 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_



## 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: 255 NE 3RD	AVE UNIT	Γ2	414 LLC	
2.	(a)	-	(	b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	. ,		ess of limited liability company:  AY BE POST OFFICE BOX)
		265 E 66TH STREET, APT 3G			265 E 66TH STREE	T, APT 3G
		NEW YORK, NY 10065			NEW YORK, NY 100	)65
		06/01/2023		l	_23000267176	
3.		Date of filing/registration in Florida	4.	_	Document	number
5.	(a)					
٠,	(4)	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	of the Florid	la f	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<b>2</b> 00
		2894 REMINGTON GREEN LN. STE. A				
		TALLAHASSEE	32308			TALL ARE
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				SEE FILE
		Corporation Service Company			<del></del>	
		NEW Registered Office Address: 1201 Hays Street				
		1201 Hays Street	_			
		Tallahassee F	12301			
ch ag wa	ange ent w is/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited is re authorized by an affirmative vote of the members ples of organization or the operating agreement of the	ne register liability co of the lin e limited	ed om nit lia	office and the busine pany, it is hereby coned liability company bility company.	ess office of the registered nfirmed that the change(s) or as otherwise provided in
JILL CILMI, AUTHORIZED PERSON						
	_	ure of a thember or authorized representative of a member			•	rped name of signee
pro the to	ovisie e obli mere	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address, i in writing of this change.	gree to act e perform led for in ( l hereby c	t ir ian Ch con	n this capacity. I furt see of my duties, and apter 605, F.S. Or, i firm that the limited i	her agree to comply with the I am familiar with and accept I this document is being filed liability company has been
Si	gnatur	e of Registered Agent	GRACE	ΞΕ	E. KIRBY, ASST. VI	CE PRESIDENT