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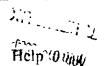
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From: Ranae McGraw

2021-04-06 09:35:22 CST

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.

I. Nai	me of the limited liability company:	RITIES	LLC		
2 (a)		(1	o)		
(, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	/ 	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y:
	11 TIMES SQUARE NEW YORK, NY 10036	_			
	08/21/2002	_	M02000002	02211	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATION SERVICE COMPANY				
. (4)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florid	a Dept, of Stat	ate:	
	Registered Office Address	DDRES	5)	_	
	TALLAHASSEE. , FL	32301-2	525	-	
(b)	C T Corporation System	<u> </u>		21	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	ldress:	APR -6 AM	
	NEW Registered Office Address:				
	1200 South Pine Island Road	_			•,
	Plantation, FL_	33324		32 	
the char agent w was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of all by identical. Or, in the case of a Florida limited liability in the case of the members of the organization or the operating agreement of the law is a street of the law in the law is a street of the members of the law is a street of the law in the law is a street of the law i	the reg bility c f the lir limited	istered offic ompany, it i nited liabili liability cor	ce and the business office of the reginest hereby confirmed that the change lity company or as otherwise provide ompany.	istered (s)
1	ure of a member or authorized representative of a member	Jen 	nifer Kurz M 	Printed or typed name of signee	
Inereh trovisie the obli to mere	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'm writing of this change.	ee to ac perforn d for in vereby c	rt in this cap nance of my Chapter 60 confirm that	macity. I further agree to comply wi	th the accept g filed een
3v: /		Alfre	ed You	unan	
Signatur	ry of Registered Agent ASS	ista	nt Sec	cretary	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00