## M03000003558

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Čit	y/State/Zip/Phone	#)
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



FILED 2022 JUH 20 AH 10: 30 SECRE LANKY OF STATE

RECEIVED

ALLAHASSEE, FLORIDA

A. BUTLER JUN 2 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000	00195	
	REFERENCE	:	731048	4332382	
	AUTHORIZATION	:	1 Co	A	
	COST LIMIT	<u>,</u> C	5.0010 00 15025.00	enen	
ORDER DATE :	June 8, 2022				
ORDER TIME :	10:49 AM				
ORDER NO. :	731048-376				
CUSTOMER NO:	4332382				
			<b>-</b> - <b>-</b> - <b>-</b>		

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## CHANGE OF AGENT

NAME: TRUMP CARIBBEAN LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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:	BBEAN		<u></u>			
2. (a)	C/O MAR-A-LAGO CLUB		(b) c/o The Trump Organization				
_ (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing add	ress of limited liability company: AY BE POST OFFICE BOX			
	1100 S. OCEAN BLVD.		725 FIFTH AVE				
	PALM BEACH, FL 33480		NEW YORK, NY 10	0022			
	10/23/2003		M0300003558				
3.	Date of filing/registration in Florida	4.	Documen	nt number			
5. (a	NRAI SERVICES, INC			38			
J. (u	Registered Agent and Registered Office shown on the records of	ida Dept. of State:	THE 2 TH				
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREE	<u>SS)</u>	FILED 2022 JUH 20 MH 10: 30 SECRETARY OF STATE FALLAHASSEE. FI				
	PLANTATION I	۲L	1	0: 30 E. FI			
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:				
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee	L					
chang agent was/w	limited liability company is not organized under the here or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited by an affirmative vote of the members ticles of organization or the operating agreement of the terms of terms of the terms of terms of the terms of terms o	ne registe liability s of the li	ered office and the busin company, it is hereby co imited liability company	ness office of the registered onfirmed that the change(s)			
	Sase & Comin	Ji	Il Cilmi, Authorized Pers	son			
Sign	ature of a member or authorized representative of a member		Printed or t	typed name of signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Drace L.Kuble

Signature of Registered Agent

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Grace E. Kirby, Asst. Vice President of Corporation Service Company

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