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| (Re | questor's Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions to I | Filing Officer: |
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|--|--------------------|---------------|------------|---------|-------|
| CORPORATION S 1201 Hays Str Tallhassee, F Phone: 850-55 | L 32301 | | | | |
| | ACCOUNT NO. | : | 1200000001 | .95 | |
| | REFERENCE | : | 731050 | 4332382 | |
| | AUTHORIZATION | : | Southall | pan | |
| | COST LIMIT | : | \$/25.00 | | |
| ORDER DATE : | June 8, 2022 | | | | |
| ORDER TIME : | 9:57 AM | | | | |
| ORDER NO. : | 731050-031 | | | | |
| CUSTOMER NO: | 4332382 | | | | |
| | <u>CHANGE OF A</u> | . <u>GEN'</u> | | | - |

NAME: TRUMP LAS OLAS LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

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 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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. 1 | Na | me of the limited liability company: | AS LL | .C | | | | |
|-------------------------|-----------------|---|------------------------------|---|--|--|------------------|-------------|
| 2. (a | | C/O MAR-A-LAGO CLUB | | | RUMP CORPORA | TION | | |
| 2. (1 | ., . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | M | ailing address of limited (Note: MAY BE POST | • | • | • |
| | | 1100 S. OCEAN BLVD. | | 725 FIFTH | AVENUE | | | |
| | | PALM BEACH, FL 33480 | _ | NEW YOR | K, NY 10022 | | | |
| | | 06/13/2005 | | M05000003 | 177 | | | |
| 3. | | Date of filing/registration in Florida | 4. | C | Document number | | | · · · · · |
| 5. (; | a) | NRAI SERVICES, INC | | | | | | |
| 2. (| , | Registered Agent and Registered Office shown on the records of t | he Flor | ida Dept. of State: | | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | <u></u> | | 5. | ~ | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRE | <u>:SS)</u> | | SECRETARY OF STAT: FALLAHASSEE, FL(); | 022 JU | - 11 |
| | | PLANTATION FL | 33324 | 4 | | ASSEE | N 20 | |
| (b |) | | | | | . '0' | PHI | ED |
| (~ | ., | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office | address: | | 8.5 | 2:0 | \bigcirc |
| | | Corporation Service Company | | | | | 7 | |
| | | NEW Registered Office Address: | | <u>.</u> | | | | |
| | | 1201 Hays Street | | | | | | |
| | | Tallahassee, FL | 3230 ⁻ | 1 | | | | |
| chang agent was/v | ge L W we | mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registe bility i the l | ered office and company, it is l imited liability | the business office (hereby confirmed th company or as othe | of the re hat the cl | gister hange(| ed (s) |

Signature of a member of a member

:

Jilf Cilmi, Authorized Person

Printed or 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 Cokuby

Signature of Registered Agent

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

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314