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TALLAHASSEE BESTER

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 079993 7930704

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : October 5, 2021

ORDER TIME : 2:23 PM

ORDER NO. : 079993-046

CUSTOMER NO: 7930704

CHANGE OF AGENT

NAME: SW 142ND FL PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN 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.	Na	ime of the limited liability company: SW 142ND FL P	ARTNE	ERS	S, LLC
2.	(a)		((h)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		591 West Putnam Ave		5	591 West Putnam Ave
		Greenwich, CT 06830		(Greenwich, CT 06830
		06/15/2006		M	M06000003364
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
		Registered Agent and Registered Office shown on the records of the C T CORPORATION SYSTEM	he Florid	la De	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	SS)	
		1200 SOUTH PINE ISLAND ROAD			
		PLANTATION . FL	33324		
ı	(b) _.	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation Service Company</u>			M21 OCT -7 AM 9: 19 REFERENCE STATE
		NEW Registered Office Address:			
		1201 Hays Street			
		The strong stron			
		Tallahassee FL	32301		
ena age was	nge nt w /wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of tles of organization or the operating agreement of the li	egistere vility co the lim	ed c omp nited	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
		/s/ Steven DeFrancis	Ste	ven	n DeFrancis, Authorized Person
Si	gnati	ire of a member or authorized representative of a member		_	Printed or typed name of signee
oro the to n noti	oblij ierei fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act erforma for in C reby co	t in i ance Chaj onfi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Sign	alur	of Registered Agent			

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