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Division of Corporations

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From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Phone : (614)200-3335 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future-

Email Address:

LLC REGISTERED AGENT CHANGE 1100 WEST PROPERTIES, LLC

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C. BRUMBLEY
NUV 18 2021

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	Same of the limited liability company: 1100 West Prope	rties, LLC	
2. (a	9247 Alden Drive Beverly Hills, CA 90210		
- ()Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	7.19/2006	M0600	J004006
3,	Date of filing/registration in Florida	4,	Document number
5. (a			SE 20
	Registered Agent and Registered Office shown on the records of 1201 Hays St	the Florida Dept of	State.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		—————————————————————————————————————
	Taflahassee FI.	32301"	State. State. State. SELLINOVIT AMIL: 18
	C T Corporation System		18
(Ե	Enter name of <u>NEW Registered Azent</u> and/or <u>NEW Registered</u>	Office address	
	NEW Registered Office Address.		
	1200 South Pine Island Road		
	Plantation, FL	33324	
the chagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	The registered o ability company, of the limited lial	ffice and the husiness office of the registered, it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Sign	nature of a member or authorized representative of a prember		Printed or typed name of signee
provi. (he ol to me notifl	why accept the expointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I deling writing of this change. All of the fitter System	ee to act in this performance of d for in Chapter hereby confirm t fred You	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
٠٠٠		stant Sec	
			,