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LLC REGISTERED AGENT CHANGE AGR TWINEAGLES REALTY, L.L.C.

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M. SOLOMON

OCT 2 3 2024

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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. N	ame of the limited liability company: AGR TWINEAGI	LES RI	EAL.	TY, L.L.C				
2. (a)	245 Park Avenue, 26th Floor	(b) 245 Park			Avenue, 26th Floor			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)	!	Mailing address of limited l (Note: MAY BE POST)			•
	New York, NY 10167			New York	s, NY 10167			-
	06/16/2010		Ν	110000002	2707			
3.5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document number		•	
· (11)	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND ROAD	the Flori	ida [Pept, of State	te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 - ·		2024 (
	PLANTATION, FL	33324				;· . ·	024 OCT 23	
(b)	Corporate Creations Network Inc.) : 54 _	; .;	3 PM		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	uddı	<u>(ess.</u> :	. ii	٠. روا	÷.	
	801 US Highway I				₹ ~	:4 ::1	00	
	NEW Registered Office Address:				_			
	North Palm Beach, FL	33408			_			
change agent was/w	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registe bility of f the li	red com mit	office and pany, it is ed liability	d the business office of s hereby confirmed that by company or as other	f the t the	regist c chang	ered (c(s)
(<u>Strella Tavarez</u> grature of a member or authorized representative of a member			la Tavarez,	, Attorney-in-Fact			
					Printed or typed name of:	~		
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ee to a perfori l for in iereby	ct ii man Ch con	this cape ce of my c apter 605 firm that i	acity. I further agree t dutics, and I am famili 5, F.S. Or, if this docu the limited liability cor	o co ar w neni npai	omply v cith and t is bein ny has	cith the l accept ng filed been