

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004254573)))



H210004254573ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2021 NOV 17 AM 11:12  
FILED  
CLERK OF COURT  
TALLAHASSEE, FL

2021 NOV 17 AM 11:12  
FILED  
CLERK OF COURT  
TALLAHASSEE, FL

2021 NOV 17 AM 11:12  
FILED  
CLERK OF COURT  
TALLAHASSEE, FL

**LLC REGISTERED AGENT CHANGE  
1701 COLLINS (MIAMI) MANAGER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2021 NOV 17 PM 3:06  
CLERK OF COURT  
TALLAHASSEE, FL

2021 NOV 17 PM 3:06  
CLERK OF COURT  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

C. BRUMBLEY

NOV 18 2021

Help

# 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. Name of the limited liability company: 1701 Collins (Miami) Manager, LLC

2. (a) 4700 WILSHIRE BLVD, LOS ANGELES, CA 90010 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 7/30/2010 Date of filing/registration in Florida 4. M10000003386 Document number

5. (a) Paracorp Incorporated  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
155 Office Plaza Drive 1st Floor  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Nichol McCroy*

Nichol McCroy

Signature of a member or authorized representative of a member

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.

By: *Alfred Younan*  
Signature of Registered Agent

**Alfred Younan**  
**Assistant Secretary**

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

FILED  
2021 NOV 17 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FL