## M110000005046

(Requestor's Name)				
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A. RAMSEY DEC 1 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195  REFERENCE : 139865 2 4332382  AUTHORIZATION :  COST LIMIT : \$ 25.00				
ORDER DATE : December 7, 2022				
ORDER TIME : 8:34 AM				
ORDER NO. : 189865-011				
CUSTOMER NO: 4332382				
CHANGE OF AGENT  NAME: TRUMP ENDEAVOR 12 LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX 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.	Name of the limited liability company: TRUMP ENDE	AVOR 12 LLC	
2. (a	ı)	(b)	<u>.                                  </u>
(.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4400 NW 87TH AVE	725 FIF	TH AVENUE
	MIAMI, FL 33178		ORK. NY 10022
	10/07/2011	M110000	005046
3.	Date of filing/registration in Florida	4.	Document number
5. (	a)		
	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC	the Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	 
1200 SOUTH PINE ISLAND ROAD			
	PLANTATION FI	33324	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	1 Office address:	10.15 THO:15
	NEW Registered Office Address:		
	1201 Hays Street		_
	Tallahassee, FI	32301	
changagent agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered office a ability company, it of the limited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	Que & Gome	Jill Cilmi, Aut	horized Person
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the o to me ndiff	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is in writing of this quange	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
لم.	ture of Registered Agent		irby, Asst Vice President

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