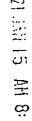
(Requestor's Name)				
(A	Address)			
(F	Address)			
(0	Dity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE 6152828315701 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: January 14, 2021 ORDER TIME : 4:28 PM ORDER NO. : 615282-020 CUSTOMER NO: 8315701 CHANGE OF AGENT NAME: K/O PRAIRIE, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_\_\_\_\_ 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. Na	ame of the limited liability company:  K/O PRAIRIE	=, LLC 	
2. (a)		(	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3457 Prairie Avenue		One Glen Park Avenue, Suite 101
	Miami Beach FL 33140		Toronto, Ontario Cananda 4M5 CA
	10/19/2011		M11000005245
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
	Registered Agent and Registered Office shown on the records  1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET		<u>.</u>
	Plantation	FL_33324	
(b)	Corporation Service Company		2021
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	address:
	1201 Hays Street		
	NEW Registered Office Address:		address:
	Tallahassee	FL32301	
change agent w was/we	or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited	he register liability co s of the lin	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
Signat	ure of a member of authorized representative of a member		SHELDON SALCHAN Printed or typed name of signee
I heret provisii he obli o mere notifica			ct in this capacity. I further agree to comply with the nance of my duties, and I am Jamiliar with and accep Chapter 605, F.S. Or, if this document is heing filed confirm that the limited liability company has been