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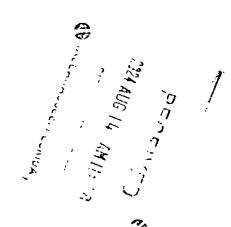
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PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
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Special Instructions to	Filing Officer:
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO.	:	120000	0001	95		
		REF	ERENCE	:	5768.7.4		43583	11	
		AUTHORI	ZATION	:	Ç.		e de		
		COST	LIMIT	:	\$ 25.0	0	eks 's	Z,	
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	NAME:	ROBERT	GRAHAM	RET	AIL LL	ıC			
PLEASE	RETURN	THE FOLLOW	WING AS	PRO	OF OF	FILI	NG:		
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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. N	Tame of the limited liability company: ROBERT GRAF	HAM RETA	AIL LLC					
2. (a)	350 FIFTH AVENUE	(b)	(b) 350 FIFTH AVENUE					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	6TH FLOOR		6TH FLO	OR .				
	NEW YORK, NY 10118		NEW YOR	RK, NY 10118				
	03/19/2012	r	и1200000°	1553				
3.	Date of filing/registration in Florida	4.	<u>-</u>	Document number				
5. (a)							
<i>3.</i> (u	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florida	Dept. of State	- ::				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		-				
	1200 SOUTH PINE ISLAND ROAD							
	PLANTATION	33324		•				
	,			18				
(b)								
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	100 100				
	Corporation Service Company			DOWNUG 14 PH 12: 43				
	NEW Registered Office Address:		1					
	1201 Hays Street			37 E				
	Tallahassee	32301		-				
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability con of the limit	l office and ipany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in				
	/s/ Marc Goldfarb	Marc	Goldfarb,	<u>., </u>				
	ature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob to mei	eby accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete sligations of my position as registered agent as provide rely reflect a change in the registered office address, I lead in writing of this change.	ree to act i performan d for in Cl hereby con	n this capa ace of my a apter 605, afirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been				
•	ure of Registered Agent							

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

CSC 576874

INHS18 (2/14)