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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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2022 JUN 20 AM 10: 33

ONTOLE SERVÜRÄTION TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY JUN 21 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 731050 433

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 8, 2022

ORDER TIME : 9:59 AM

ORDER NO. : 731050-106

CUSTOMER NO: 4332382

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: TRUMP MIAMI RESORT MANAGEMENT

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:



## STAZEMENT 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: TRUMP MIAMI   | RESO                                      | RT                            | MANAGEI   | MENT LLC   |  |  |
|-------------------------------------|---|---|-------------------------------|---|--|--|--|
| 2. (a)                              | 725 FIFTH AVE   |   | (b)                           | 725 FIFT  | H AVE  |  |  |
|                                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | ()                            |   | _  | limited liability company:<br>E POST OFFICE BOX)   |  |
|                                     | NEW YORK, NY 10022  | _   |                               | NEW YOR   | RK, NY 10022   |  |  |
|                                     | 03/23/2012  |   | ٨                             | /1200000  | 1662   |  |  |
| <ul><li>3.</li><li>5. (a)</li></ul> | Date of filing/registration in Florida NRAI SERVICES, INC   | 4.  |                               |   | Document nun   | ıber   |  |
| (b)                                 | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD  | f the Flor                                | ida I                         | Dept. of State  | -<br>e:  |  |  |
|                                     | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE                                     | SS)                           |   | -  |  |  |
|                                     | PLANTATION F  | L   | 1                             |   | -  | 2022 J   |  |
|                                     | Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company   |   |                               |   |  | [7] L E D 20 AM 10: 33   |  |
|                                     | NEW Registered Office Address:  | <del></del>                               | -                             |   | _  | $\frac{1}{2}$ $\omega$   |  |
|                                     | 1201 Hays Street  |   |                               |   | _  |  |  |
|                                     | Tallahassee F   | 32301                                     | i                             |   | _  |  |  |
| change<br>agent v<br>was/we         | imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registe<br>iability of<br>of the li     | ered<br>con<br>imit           | office and<br>ipany, it is<br>ed liability              | d the business of<br>shereby confirm<br>y company or as                    | office of the registered ned that the change(s)  |  |
|                                     | ture of a member of authorized representative of a member   | Ji  | II Ci                         | lmi, Autho  | rized Person   |  |  |
| Signa                               | ture of a member or authorized representative of a member   |   |                               |   | Printed or typed r   | name of signee   |  |
| provisi<br>the obl<br>to mere       | by accept the appointment as registered agent and ag<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>ly reflect a change in the registered office address, I<br>I in writing of this change.                  | ree to a<br>perform<br>d for in<br>hereby | net il<br>mar<br>i Cli<br>con | n this capa<br>ace of my a<br>apter 605,<br>firm that t | acity. I further duties, and I am<br>, F.S. Or, if thi<br>he limited liabi | agree to comply with the<br>familiar with and accept<br>s document is being filed<br>lity company has been |  |
|                                     | Mace Y-Kuby, re of Registered Agent   |   |                               |   |  |  |  |
| Signatu                             | re of Registered Agent  |   |                               |   |  |  |  |