1/20/2020

Division of Corporations

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## LLC REGISTERED AGENT CHANGE ARTEAST, LLC

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V.

## 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.

Arteast, LLC

I. Na	me of the limited liability company:		·			
2. (a)	Principal office address of limited liability company:	(	b)	Mailing address of limited I (Note: MAY BE POST )	iability compa	uny:
	(Note: MUST BE STREET ADDRESS) 453 Broome Street		453 Broo	ome Street	<i></i>	<b>.</b>
	New York, NY 10013		New Yo	rk, NY 10013		
	04/19/2012		M120000	02196		
3.	Date of filing/registration in Florida	4.		Document number		
	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of S	tate:		
					8	20
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>(S)</u>	<del></del>	¥Ç	28
	1201 HAYS STREET			<b></b> -		Ä.
	TALLAHASSEE	32301-	2525		RETARY OF	
				<del>_</del>	38.5 7.0	i
(b)	C T Corporation System				E S	<u>=</u>
	Enter name of NEW Registered Agent and/or NEW Registered	l Office :	i <u>ddress</u> :		FL.	AM 11: 34
	NEW Registered Office Address:			<del></del>	,,,	
	1200 South Pino-Island Road					
	1200 300181 1 115 4312111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del></del>		
	Plantation / FI	33324				
the chi agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	t the re inbility of the I	gistered off company, imited liab d liability o	it is hereby confirmed the fility company or as other company.	rwise provid	go(s)
	ature/of a member of authorized Apresentative of a member			Printed or typed name of		
provis the ob-	thy accept the appointment as registered agent and agents of all statutes relative to the proper and complete highlights of my position as registered agent as providing reflect a change in the registered office address, I	ree to de perfoi ed for it hereby	nct in this commance of n n Chapter ( confirm th	apacity. I further agree ny duties, and I am fami 505, F.S. Or, if this doct nat the limited liability c	to comply liar with an ument is bei ompany has	with the d accept ing filed : been
nongie			. Routz			
Signati	1) Marie of Registered Agent Assista	ant Vi	ce Pres	ident		
		D 43	og a Talla	hagens ET 32314		

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