## 100000305

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



400358180184

2021 JAH 15 AM 8: 24



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 615282 8315701
AUTHORIZATION: publican
COST LIMIT : 'r\$\25.00
ORDER DATE : January 14, 2021
ORDER TIME : 4:25 PM
ORDER NO. : 615282-005
CUSTOMER NO: 8315701
CHANGE OF AGENT
NAME: K/O PRAIRIE III 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. 1	Name of the limited liability company: K/O PRAIRIE II	I LLC			
2. (a	)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	(5)	Mailing addres	ss of limited liability company:  Y BE POST OFFICE BOX)
	1428 36th Street, Suite 200		On	ie Glen Park Aveni	ue, Suite 101
	Brooklyn, NY 11218	<del>_</del>	То	ronto, Ontario Can	nada M6B 4M5 CA
	05/30/2012		M12	000003051	
3.	Date of filing/registration in Florida	4.		Document i	number
5. (a	CT Corporation System				
J. (u	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept	. of State:	
	1200 South Pine Island Road				•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>\$\$)</u>	<del></del>	
	Plantation	33324	ļ	<del></del>	
	, [7]	<b></b>			. 23
(b)	Corporation Service Company				121
	Emer name of NEW Registered Agent and/or NEW Registered	f Office	<u>address:</u>	:	2021 J.A.P. 15
	1201 Hays Street				ज र
	NEW Registered Office Address:				SSU P TH
					AN 8: 21
				<del></del>	: 21 FL
	Tallahassee	32301			, tu 🚓
	, ri.	<b>-</b>		<del></del>	
If the	limited liability company is not organized under the lave or changes are made, the Florida street address of the	ws of th	ie State	of Florida, it is he	ereby confirmed that after the
agent	will be identical. Or, in the case of a Florida limited lia	ability o	compar	ıy, it is hereby con	ifirmed that the change(s)
	rere authorized by an afformative vote of the members of cicles of organization of the operating agreement of the				or as otherwise provided in
				SHELDON	SALCMAN
Sign	ature of a member or authorized representative of a member		•	SHELD ON Printed or typ	ped name of signee
provis the ob to mer	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perforn d for in nereby o	ct in the nance ( Chapte confirm	is capacity. I furth of my duties, and I er 605, F.S. Or, if 1 that the limited li	ner agree to comply with the am familiar with and accept this document is being filed iability company has been
Signati	are of Registered Agent		٠.		