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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
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PERELARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 731048 4332382 AUTHORIZATION (COST LIMIT ORDER DATE: June 8, 2022 ORDER TIME : 10:47 AM ORDER NO. : 731048-300 CUSTOMER NO: 4332382 CHANGE OF AGENT NAME: THC MIAMI RESTAURANT HOSPITALITY LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker 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 | ame of the limited liability company: THC MIAMI RES | STAUF | 1AS | IT HOSPIT | ALITY LLC | |
|--|---|---------------------------------------|--------------------------|---|--|--|
| 2. (a) | 4400 NW 87TH AVE | | (b) | 725 FIFT | H AVE | |
| (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) DOR | |
| | MIAMI, FL 33178 | _ | | NEW YOR | RK, NY 10022 | |
| | 02/05/2013 | | Ņ | и13000000 | 0755 | |
| 3. | Date of filing/registration in Florida | 4. | - | | Document number | |
| 5. (a) | NRAI SERVICES, INC | | | | | |
| J. (4) | Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | · | - :: | |
| | , P.L. | 33324 | | | 2022 JUH 20 SECRETAR TALLAHA | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office : | add | ress: | 20 A | |
| | Corporation Service Company | | | | SEE, ST P. P. ST P | |
| | NEW Registered Office Address: | | | | TATE 53 | |
| | 1201 Hays Street | | | | | |
| | Tallahassee FL_ | 32301 | i | | | |
| change agent was/w | imited liability company is not organized under the law e or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | registe bility of f the li | red con mit | l office and pany, it is ed liability | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| | ture of a member, or authorized representative of a member | Jil | I C | ilmi, Autho | rized Person | |
| Signature of a member of authorized representative of a member Printed or typed name of signee | | | | | | |
| provisi the obt to mer- notified | by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | e to ac perform for in ereby | ct i nar Cl con | n this capa ace of my d apter 605, firm that t | city. 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 | |
| Signatu | Drace L-Kuby re of Registered Agent | | | | | |
| | Kirby, Asst. Vice President of Corporation Service Company | | | | | |
| Division of Corporations P.O. Box 6327 ◆ Tallahassee, FL 32314 | | | | | | |

FILING FEE: \$25.00

INHS18 (2/14)