113000007959

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A RAMSEY JUN 21 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 4332382 REFERENCE : 731050 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: June 8, 2022 ORDER TIME : 10:0 AM ORDER NO. : 731050-193 CUSTOMER NO: 4332382 ______ CHANGE OF AGENT NAME: TW VENTURE I LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

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:TW VENTURE I	LLC		
2. (a	3505 Summit Boulevard	(b) 725 FIFTH AVE 26TH FL		
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	~	mited liability company: POST OFFICE BOX
	West Palm Beach, FL 33406	<u> </u>	NEW YORK, NY 10022	
	12/17/2013	M	113000007959	
 3. 5. (a) 	Date of filing/registration in Florida NRAI SERVICES, INC	4.	Document numb	er
J. (.	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2022
	PLANTATION	33324		2022 JUN 20 A
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office addr	<u>esv</u> :	ALC: 10
	NEW Registered Office Address: 1201 Hays Street			
	Tallahassee, FL	32301		
chang agent was/v	elimited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability com of the limited limited lia	office and the business off pany, it is hereby confirme ed liability company or as obility company.	ice of the registered ed that the change(s)
	nature of a member or authorized representative of a member	Jill Cil	mi, Authorized Person	
I her provi the o to me notifi	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided arely reflect a change in the registered office address. It is done in the registered office address. It is change for this change.	ee to act in performan I for in Ch nereby con	Printed or typed nan I this capacity. I further ag ce of my duties, and I am fo apter 605, F.S. Or, if this o firm that the limited liabili	ree to comply with the
	E. 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)