

m1400002604
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2025 FEB 12 PM 4:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COHEN DANIA BEACH HOTEL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED
2025 FEB 12 AM 8:14
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: COHEN DANIA BEACH HOTEL LLC

Enter new principal office address, if applicable: 1345 Avenue of the Americas 46th Fl

(Principal office address

MUST BE A STREET ADDRESS)

New York, NY 10105

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1345 Avenue of the Americas 46th Fl

New York, NY 10105

2. The Florida document number of this limited liability company is: M14000002604

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/16/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation,

City

Florida 33324

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rachel Boyd

Rachel Boyd Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

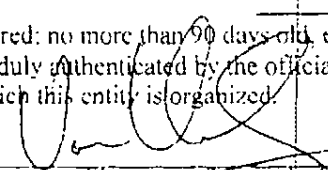
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Changes Person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles S. Cohen	750 Lexington Ave 28th Fl	<input type="checkbox"/> Add
		New York NY 10022	<input checked="" type="checkbox"/> Remove
Authorized Representative	Richard L. Dreher	750 Lexington Ave 29th Fl	<input type="checkbox"/> Add
		New York NY 10022	<input checked="" type="checkbox"/> Remove
VP	Varun Varkey	1345 Avenue of the Americas 45th Fl	<input checked="" type="checkbox"/> Add
		New York NY 10105	<input type="checkbox"/> Remove
President	David Moson	1345 Avenue of the Americas 45th Fl	<input checked="" type="checkbox"/> Add
		New York NY 10105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Varun Varkey

Typed or printed name of signee

Filing Fee: \$25.00