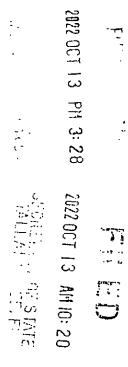
## M14000006999

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



900395946779



A. BUTLER

OCT 1 4 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                        |  |  |  |  |  |
|--|--|--|--|--|--|
| REFERENCE : 024016 8334108                       |  |  |  |  |  |
| AUTHORIZATION : Lovelle le 1800                  |  |  |  |  |  |
| COST LIMIT : \$ 25.00                            |  |  |  |  |  |
| ORDER DATE : October 12, 2022                    |  |  |  |  |  |
| ORDER TIME : 1:26 PM                             |  |  |  |  |  |
| ORDER NO. : 024016-009                           |  |  |  |  |  |
| CUSTOMER NO: 8334108                             |  |  |  |  |  |
| <u>CHANGE OF AGENT</u>                           |  |  |  |  |  |
| NAME: 145 NORTH EAST FIRST STREET<br>REALTY, 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.

| . (a)                  | 215 COLES STREET  |  | 215 COI  | LES STREET   |  |
|------------------------|---|--|--|--|--|
|                        | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  |  | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |
|                        | C/O M MANAGEMENT  |  | C/O M MANAGEMENT                               |  |  |
|                        | JERSEY CITY, NY 07310   |  | JERSEY   | CITY, NY 07310   |  |
|                        | 03/10/2015  |  | M150000  | 01840  |  |
|                        | Date of filing/registration in Florida  | 4.                                     | <del></del>                                    | Document number  |  |
| 5. (a)                 | Registered Agent and Registered Office shown on the records of  |  |  | _  |  |
|                        |   | of the Flori                           | da Dept, of Sta                                |  |  |
|                        | Chung, Jay  |  |  | 2022 OCT 1.3<br>3.108 (1.3)  |  |
|                        | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |  |  |  |
|                        | 318 N.W. 23rd.  |  |  | _  |  |
|                        | Miami , FL 33127  |  |  | . τ. ω   |  |
|                        | , .   |  |  | MH 10: 20  |  |
| (b)                    |   |  |  | STE 0.2  |  |
| , , ,                  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |  |  |
|                        | Corporation Service Company   |  |  |  |  |
|                        | NEW Registered Office Address:  |  |  | _  |  |
|                        | 1201 Hays Street  |  |  | _  |  |
|                        | Tallahassee F   | L_32301                                |  | _  |  |
| ange<br>ent v<br>as/we | mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registe<br>liability of<br>of the li | red office ar<br>ompany, it i<br>nited liabili | nd the business office of the registered<br>is hereby confirmed that the change(s)<br>ty company or as otherwise provided in |  |
|                        | oishe Mana  |  | •  | Authorized Person  |  |
|                        | ure of a member or authorized representative of a member  |  | <del>.</del>                                   | Printed or typed name of signee  |  |

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.

Drace Co-Kirbly

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President