M1500000 1114

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

Office Use Only



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William Commence

2813 JUL 12 FR St 40

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: July 9, 2019

Order#: 789216-056

Re: GRANITE FLORIDA OFFICE LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX __ Issue Proof of Filing.

 \overline{XX} Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

Name of the limited liability company: GRANITE FLORIDA OFFICE LLC						
2	(a)	214 WEST 39TH STREET, SUITE 1200	(b)			
~ .	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	Mi	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		NEW YORK NY 10018				
		09/08/2015	_	M1500000	7114	
3.		Date of filing/registration in Florida	4.	Ľ	Document number	
5.	(a)	Granite Aventura LLC				
	·	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of State:		
		12550 Biscayne Blvd Suite 602				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
					L ,	
					ار ا ا ا ا	
		North Miami, Fl_	33181		ب ا	
	Company				· ·	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	<u></u>	
					•	
		1201 Hays Street			۱۰. <u>د.</u>	
		NEW Registered Office Address:			 -	
		T. (1, b)	22204			
		Tallahassee, F1,	32301			
th ag w th	e cha gent v as/w e art	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signature of a member or authorized representative of a member				ilmi, Authori	ized Person Printed or typed name of signee	
p) th	here ovis e oh mer otifie	by accept the appointment as registered agent and agree of a member on a of all statutes relative to the proper and complete i igations of my position as registered agent as provided ely reflect a change in the registered office address. I have the change of this change. Your Line Corporation Service Company	perjorma I for in C iereby co	in this capa ince of my d hapter 605, nfirm that ti	oin: I further ourse to comply with the	
		• • •				