

MI5000007272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

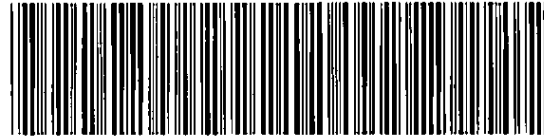
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317706327

RECEIVED
DEPARTMENT OF STATE
18 SEP 24 AM 8:52

FILED
18 SEP 24 AM 8:35
FALLS CHURCH, VIRGINIA

G. SIMMONS
SEP 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 408169 7932413

AUTHORIZATION

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : September 21, 2018

ORDER TIME : 9:29 AM

ORDER NO. : 408169-005

CUSTOMER NO: 7932413

CHANGE OF AGENT

NAME: 2000 SDH LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2000 SDH LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Reardon, Paralegal

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 E. Fourth Street, Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

dfogel@cohenbrothers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Paralegal

Name of Person

at (513) 361-1259

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: 2000 SDH LLC

2. (a) Attention: Charles S. Cohen (b) Attention: Charles S. Cohen

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

750 Lexington Avenue, 28th Floor

750 Lexington Avenue, 28th Floor

New York

NY 10022

New York, NY 10022

09/11/2015

M15000007272

3. Date of filing/registration in Florida

4. Document number

5. (a) Gregory E. Young

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1900 Phillips Point West

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

777 South Flagler Drive

West Palm Beach, FL 33401

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

FILED
10 SEP 26 AM 8 35
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gregory E. Young
Signature of a member or authorized representative of a member

Gregory E. Young, Authorized Signatory

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.

Emily Croft
Signature of Registered Agent

Corporation Service Company

BY:

Emily Croft
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00