MIS000001385

	(Requestor's Name)				
	(Address)				
	(Address)				
(Address)					
	(City/State (7 in 17)hans #1)				
(City/State/Zip/Phone #)					
PICK-UF	WAIT MAIL				
	(Business Entity Name)				
	•				
(Document Number)					
Certified Copies	Certificates of Status				
,					
Special Instructions to	Filing Officer:				
	,				

Office Use Only



000429189380

2024 MAY -7 PH 1: 1/2 SECRED 2006 SEVE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
AUTHORIZATIÓN TO LE TRACTOR				
COST LIMIT : \$ 25.00				
ORDER DATE : April 25, 2024				
ORDER TIME : 1:08 PM				
ORDER NO. : 434144-015	S) S			
CUSTOMER NO: 8419150	32			
	زیکنجر دا نازمیرک به به به			
CHANGE OF AGENT				
	',,,, (
	٢			
NAME: 801 SMA LESSEE, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Amanda Miller				

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. N	ame of the limited liability company: 801 SMA LESS	SEE, LLC			
2. (a)		(b	\		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing a	address of limited liability company: MAY BE POST OFFICE BOX)	
	101 N10th Street, Suite 204		101 N10th Street	t, Suite 204	
	Brooklyn, NY 11249		Brooklyn, NY 112	249	
	09/16/2015		M15000007385		
3.	Date of filing/registration in Florida	- 4.	Docum	ent number	
5. (a'					
5. (a)	Registered Agent and Registered Office shown on the records o C T CORPORATION SYSTEM	f the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			
	1200 SOUTH PINE ISLAND ROAD			ہے	
	PLANTATION F	33324		DESCRIPTION OF THE PARTY OF THE	
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office ado	lress:	-7 PH 1:12	
	NEW Registered Office Address:			7月 12	
	1201 Hays Street			1.1	
	Tallahassee, F	L_32301			
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere- iability cor of the limi	d office and the bu npany, it is hereby ted liability compa	siness office of the registered confirmed that the change(s)	
/S/ Jill Cilmi		Jill C	Jill Cilmi, Authorized Person		
Signa	ature of a member or authorized representative of a member		Printed	or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act i e performa ed for in C hereby co	in this capacity. I nce of my duties, a hapter 605, F.S. C nfirm that the limit	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been	
	ace C. Kuby Ire of Registered Agent				
	E. Kirby, Asst. Vice President				

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 434144-15