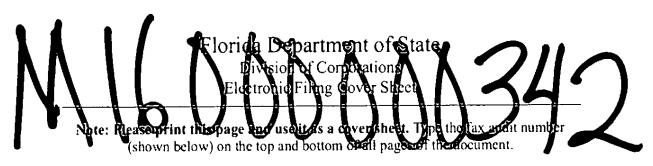
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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

Email	Address:		
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# LLC REGISTERED AGENT CHANGE MURANO PORTOFINO 1803 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 16 2022

M. SOLOMON

pg 2 of 3 H22000209779 3

### 15129570210

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

**MURANO PORTOFINO 1803 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:

Joshua Murphy
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E il addresse tto be used for future approal report notification

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

For further information concerning this matter, please call:

Joshua	Mur	phy
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. 888

705-7274

Name of Person

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

2022 JUN 16 PM 3: 3:

INHS18 (2/14)

# 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. Na	me of the limited liability company: MURANO	POR	TOFING	1803 LLC	)	
	350 FIFTH AVENUE, 41ST FLOOR	()	, 350 FIF	TH AVENU	E, 41ST F	LOOR
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  NEW YORK, NY 10118		Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)  NEW YORK, NY 10118			
	1/13/2016	_	M16000	0000342		
3.	Date of filing/registration in Florida	4.		Document numbe	er	
5. (a)	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 155 OFFICE PLAZA DRIVE, 1ST FLOOR				···,	2022
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u> </u>			2022 JUN 16 PK
	TALLAHASSEE , FL	3230	)1		# 12 m	TO I
(b)	Registered Agent Solutions, Inc.				روي نم	် သ သ
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		·	œ
	155 Office Plaza Dr.					
	NEW Registered Office Address:					
	Suite A					
	Tallahassee, FL	3230	)1			
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regi ability c of the lin	stered office ompany, it is nited liability	and the business hereby confirmed company or as o	s office of the ed that the cha	registered inge(s)
	berto Matta		erto Matta		Member	

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.

Printed or typed name of signee

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent

Signature of a member or authorized representative of a member