## 16000001034

(Requestor's Name)				
(Ad	(dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Narr	ne)		
(Do	cument Number)			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	408169	7932413	
	AUTHORIZATION	: C	somethele	han	
	COST LIMIT	: 	<u>9</u> 25.00		 _
ORDER DATE :	September 21, 20	18			

.

ORDER TIME : 9:30 AM

- ORDER NO. : 408169-010
- CUSTOMER NO: 7932413

## CHANGE OF AGENT

NAME: 2100 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

**Registration Section** TO: Division of Corporations

2100 SDH LLC SUBJECT:

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	513 361-1259 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

🗹 525 Finng ree

S55 Finng Fee & Centred 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. N	ame of the limited liability company: 2100 SDH LLC	;	··		··	
2. (a) Attention: Charles S. Cohen			(h)Attention: Charles S. Cohen			
<b></b> ()	Principal office address of limited liability company:	\`	.,;	Mailing address of limite		
	( <u>Note: MUST BE STREET ADDRESS</u> )			(Note: MAY_BE_POS	<u>t officë box</u> j	
	750 Lexington Avenue, 28th Floor	<b>.</b>	750 Lexi	ngton Avenue, 28th I	Floor	
	New York NY 10022		New Yor	k, NY 10022		
	02/08/2016		M160000	01034		
3.	Date of filing/registration in Florida	4.		Document number		
E (a						
5. (a	<ul> <li>Gregory E. Young</li> <li>Registered Agent and Registered Office shown on the records of</li> </ul>	the Florid	a Dept. of Stat	- e:		
				-		
	1900 Phillips Point West			-		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES.</u>	<u>5)</u>			
	777 South Flagler Drive			_	18 S	
				-	FILED BSEP 24 AMID: BZ	
	West Palm Beach ; FI	L <u>3340</u>	1	•	2	
					24 AM	
(b)				-	H H	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:			
					Sol Sol	
	1201 Hays Street			_		
	<u>NEW</u> Registered Office Address:					
				-		
	Tallahassee, Fl	L <u>32301</u>	 	-		
the cl agent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members - tiples of organization or the operating agreement of the	f the regi iability co of the lin c limited	stered office ompany, it i nited liabilit liability con	e and the business of s hereby confirmed t y company or as oth npany.	fice of the registered that the change(s) erwise provided in	
	mn.c.pj	Gre	igory E. You	ing, Authorized Sign Printed or typed name		
-	ature of a member or authorized representative of a member					
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac 2 perform 2d for in hereby c	ance of my Chapter 602 onfirm that	duties, and I am fam 5, F.S. Or, if this doe the limited liability (	e to comply with the iliar with and accept cument is being filed company has been	
4	mile (rat		cmily	/ Croft		
Signal	ure of Registered Agent Corporation Service Company	BY: A		President		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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