

M16000001034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

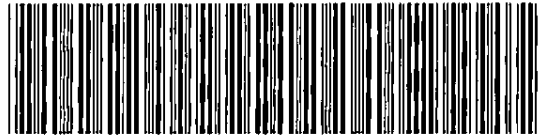
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 SEP 24 AM 10: 52


FILED
18 SEP 24 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 25 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 408169 7932413

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : September 21, 2018

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

TO: Registration Section
Division of Corporations

SUBJECT: 2100 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 513 361-1259

Name of Person at () 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: 2100 SDH LLC
2. (a) Attention: Charles S. Cohen (b) Attention: Charles S. Cohen
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
750 Lexington Avenue, 28th Floor 750 Lexington Avenue, 28th Floor
New York NY 10022 New York, NY 10022
02/08/2016 M16000001034
 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:

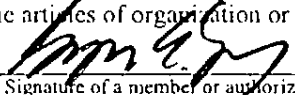
1900 Phillips Point West
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
777 South Flagler Drive
West Palm Beach ; FL 33401

- (b) Corporation Service Company
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

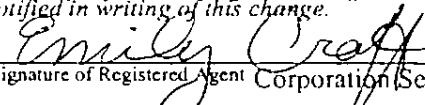
1201 Hays Street
NEW Registered Office Address:
Tallahassee , FL 32301

FILED
 18 SEP 24 AM 10:32
 SUPERVISOR OF STATE
 TALLAHASSEE, FLORIDA

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, Authorized Signatory
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

 BY: Emily Croft
 Signature of Registered Agent Corporation/Service Company Asst. Vice President

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