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Division of Corporations

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From:

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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Florid	ant to the provisions of sections 605.0. its the following statement in order to da.	114 or 605.0116, o change its regis SEAPORT GL	sierec	i ojjice or re	gistered agent, or bot	liability company h, in the State of
1. Na	ume of the Limited Liability Company:		.00/		igs lec	
2. (a)				(b)		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	319 CLEMATIS STREET STE 1000		360 Madison Ave 22nd Floor			
WEST PALM BEACH, FL 33401		New York, NY 10017				
3.	01/29/2016 Date of filing/registration in	Florida	4.	M16000		
					Document number	
5. (a)	CAPITOL CORPORATE					
	Registered Agent and Registered Office shows		Florid	ia Dept. of State	:	
	155 Office Plaza Drive Su					
	Registered Office Address	ORIDA STREET AD	DRE	<u>(S)</u>		
	TALLAHASSEE	, FL	323	Λ1		
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	, FL <u>.</u>	ريدن	<u> </u>		2024 HST
(b)	Capitol Corporate Services, In	C.				
(-)	Enter name of NEW Revisiered Agent and/or		files a	ddress		12
						1 .
	515 East Park Avenue 2nd Fl					
	NEW Registered Office Address:					<u> </u>
						ڬ
						3C
	Tallahassee	.FL 3	3320	14		ν.
	Tananasso	, FL_ <u>`</u>	<u> </u>	<u> </u>		
the chi agent i was/w	imited liability company is not organiz- inge or changes are made, the Florida s will be identical. Or, in the case of a Fl ere authorized by an affirmative vote of icles of organization or the operating ag	treet address of the orida limited liabi the members of t	e reg lity c	istered office ompany, it is nited liability	and the business office hereby confirmed that company or as otherw	of the registered
		Jonath	ал £	Silverman		
	ture of a member or authorized representative of	a monber Gene	ral	Counsel	Printed or typed name of sig	•
I here provisi the obli to mer notified	by accept the appointment as registered ions of all statules relative to the brope ligations of my position as registered a ely reflect a change in the registered of d in writing of this change.	i agen and agree r and complete pe fent as provided (fice address, I her	to ac rforn or in reby c	t in this capa tance of my d Chapter 605, confirm that it	city. I further agree to uties, and I am familian F.S. Or, if this docume the limited liability com	comply with the with and accept ant is being filed pany has been
	in Parlati	Brian Ra	deck	d, Assistan	t Secretary on	
Signatu	re of Registered Agent				ate Services, Inc.	
	DL-1-1					

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