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From:					
	Account Name : BLUMBERG/E Account Number : 0753500003		PORATE SERVICE	ES, INC.	
	Phone : (800)221-2				
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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: 368 E. 148TH ST	REET A	SSOCIATES,	LLC	
2 . (. ./	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	`	<i>y</i>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	9 Lauras Lanc		9 Lauras L	anc	
	East Hampton, NY 11937	-	East Hamp	ton, NY 11937	
	05/03/2016		M16000003	3576	
3.	Date of filing/registration in Florida	- 4.		Document number	
5 (
5. (a)	Registered Agent and Registered Office shown on the records of BLUMBERGEXCELSIOR CORPORATE SERVICES, I		a Dept of State	202 SE	
	Registered Office Address (MUST BE FLORIDA STREET)				
	155 OFFICE PLAZA DRIVE, 1ST FLOOR	FIL 2021 OCT 22 SEGAE ANA			
	TALLAHASSEE , FI	32301		122 AM	
	, 11.	·			
(b)				_ ~~ ~~ ~ ~	
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u>	55	
	BLUMBERGEXCELSIOR CORPORATE SERVICES, I	NC		•	
	NEW Registered Office Address				
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			-	
	TALLAHASSEE, FI	32301			
chang agent was/v the ar	limited liability company is not organized under the law te or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the register ability c of the lin limited	e State of Flored office and ompany, it is nited liability liability con	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in ipany.	
	Signature of a member or authorized representative of a member		Richard Marshel, Managing Member		
				Printed or typed name of signee	
provi. the old to me notifi	eby accept the appointment as registered agent and agistions 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 add in writing of this change.				
	Jose Mojica, Assistant Secretary				
Signa	ture of Registered Agent				