11/17/21, 3:07 PM

Division of Corporations

## Fiorida Department of State

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## LLC REGISTERED AGENT CHANGE MORGANS HOTEL GROUP CO. LLC

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To: +18506176383 ' Page: 4 of 4 2021-11-17 14:11:07 CST 16144554862 From: James Tanks III

## 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: Morgans Hotel	Group Co. LL.C	
2. (a	) 2247 Alden Drive Beverly Hills, CA 90210  Principal office address of limited liability company:		Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)
	12/7/2016	M16000	
3,	Date of filing/registration in Florida	4.	Document number
5. ta	Corporation Service Company		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  1201 Hays St			
Registered Office Address (MUSTBE FLORIDA STREET ADDRESS)			
			32 20
	Tallahassee	FL 32301	FILED  2021 MOV 17 MM 10: 41  SECTLA HASSEE, FLICATE
	CT Corporation System		
(b <sub>.</sub>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> e	ed Office address.	— SSEE
		THE TAXABLE TAXAB	TAHIO
	NEW Registered Office Address:		
	1200 South Pine Island Road		76
			<del></del>
	Plantation, F	1. 33324 1.	
the ch agent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles prorganization or the operating agreement of the	of the registered of Hability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
	ature of a member or authorized representative of a member		Printed or typed name of signee
- I here provis	eby accept the appointment as registered digent and a sions of all statutes relative to the proper and complet	gree to act in this c ie performance of t	rapacity. I further agree to comply with the ny glutjes, and Lam familiar with and accept
the on to met	sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid- tely reflect a change in the registered office address, in the providing of the change in the registered office address, in	ted för in Chapter i I hereby confirm th	605, F.S. Or, if this document is being filed at the limited liability company has been
By		Afred Your	
Signature of Registered Agent Assistant Secretary			