

M17000006615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

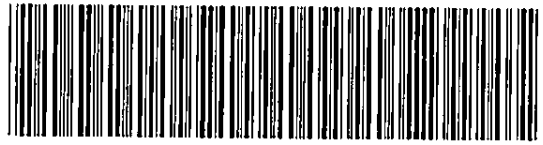
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 18 AM 9:47  
TALLAHASSEE, FL  
STATE OF FLORIDA  
CORPORATIONS

RECEIVED  
APR 18 PM 3:39  
OFFICE  
TALLAHASSEE, FLORIDA

RECEIVED

04/15/24

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/18/2024

**\*\*WALK IN\*\***

ENTITY NAME SBRE MANAGEMENT, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

APR 18 2024 9:47 AM  
STATE OF FLORIDA  
TALLAHASSEE, FL  
-30-

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: 120160000072

*S. R. J. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SBRE MANAGEMENT, 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:

Alejandro Moreno  
Name of Person

SBRE MANAGEMENT, LLC  
Firm/Company

3201 COLLINS AVENUE  
Address

MIAMI, FL 33140  
City/State and Zip Code

support@singlefile.io  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SingleFile Technologies at (800) 391-9869  
Name of Person 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

REC'D  
DIVISION OF STATE  
CORPORATIONS, FL  
MAY 18 AM 9:47

**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: SBRE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
730 Fifth Avenue, 20th Floor  
New York, NY 10019

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
730 Fifth Avenue, 20th Floor  
New York, NY 10019

3. 08/03/2017 Date of filing/registration in Florida

4. M17000006615 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION SERVICE COMPANY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SEP 13 2013 AM 9:47  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL  
 ED

(b) Registered Agents Inc  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

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.

/s/ Alejandro Moreno Alejandro Moreno  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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.*

David Roberts David Roberts - Assistant Secretary  
 Signature of Registered Agent