M18000008361

	Requestor's Name)					
(Address)						
(Address)					
	City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL				
	Business Entity Name)					
(Document Number)						
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2024 SEP 11 PH12: 08



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. No	ame of the limited liability company: PRII PONTE V	EDRA SC	LEIL OW	NER, LLC	-1
2. (a)		(h))		
(,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			Mailing address	of limited liability company: BE POST OFFICE BOX)
	655 Broad Street, 14th floor		655 Bro	oad Street, 14th	floor
	Newark, NJ 07102		Newark	, NJ 07102	
	09/12/2018		M180000	008381	
3.	Date of filing/registration in Florida	- 4.		Document no	umber
e ()					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	 tate:	
	C T Corporation		·		. ~2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				024 3EC
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION FI	33324			FILED 024 SEP II PHI2: 08 SECRETARY OF STATE
		`- 			PAR PAR
(h)					72
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		80
	Corporation Service Company				
	NEW Registered Office Address:		_		
	1201 Hays Street			_	
	Tallahassee	32301			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and against of all statutes relative to the proper and complete	e registere ability co of the lim limited l	ed office a mpany, it ited liabil iability co Cilmi	ind the business is hereby confity company or ompany. Printed or type pacity. I further	s office of the registered irmed that the change(s) as otherwise provided in d name of signee
the obl to mere notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	d főr in C hereby co	haptér 60, infirm tha	95. F.S. Or, if i it the limited lia	hiš document is being filéd bility company has heen
Signatu	re of Registered Agent Grace F Kirby Asst Vice President	lent			

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