M1900001719

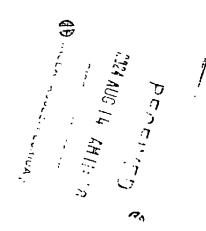
	(Requestor's Name)	
	(Address)	-
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of Stat	us
		···-
Special Instructions to		
	V.,	
	4, 5	₀ ا
	~~	7/2
	15	, '
	•	102 ₆ [
	AU6. 15	·'/
		ļ

Office Use Only



300434692353





CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller

Tallhassee, FL 32301 Phone: 850-558-1500

r > -

ACCOUN	T NO.	: I20000	0000195		
REFE	RENCE :	: 576874	4358311		
AUTHORIZ	ATION :	:	()		
COST	LIMIT :	: \$ 25.0	00		
ORDER DATE : August 5,	2024				
ORDER TIME : 4:53 PM					
ORDER NO. : 576874-021					
CUSTOMER NO: 4358311					
					
CHANGE OF AGENT					
NAME: CENTRIC	BRANDS	HOLDING	LLC		
PLEASE RETURN THE FOLLOW	ING AS E	PROOF OF	FILING:		
CERTIFIED COPY XX PLAIN STAMPED CO	DV				
XX PLAIN STAMPED CO	PI				

EXAMINER'S INITIALS:

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.

2. (a)	350 FIFTH AVE	(b) 350 FIFTH AVE			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6TH FLOOR		6TH FLC		
NEW YORK, NY 10118		NEW YORK, NY 10118			
	02/05/2019		M1900000	01279	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
, (-)	Registered Agent and Registered Office shown on the records of a C T CORPORATION SYSTEM	the Flor	ida Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>SS)</u>	20	
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	33324		FILED 2024 AUG 14 PH	
a s					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	- FH 12: 5	
	Corporation Service Company			원까! #	
	NEW Registered Office Address:			_	
	1201 Hays Street	_		-	
	Tallahassee FL	32301		_	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility (f the li	red office an company, it i mited liabilit	d the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in	
	/s/ Marc Goldfarb	Marc Goldfarb, EVP			
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
I hereb provision the oblition	ov accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change.	pertori	nance of my	acity. I further agree to comply with the duties, and I am familiar with and accep	

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 576874