## M/200000 2207

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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04/12/19--01021--011 \*\*25.00

FILED

2019 APR 12 PM 4:27

CHORETALY PESIALL

T.C. 11919



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

ami.casper@cscglobal.com From: Ami Casper

April 10, 2019 Date:

Order#: 721736-015

Re: WILSON HARBOR BEACH, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25\_\_\_.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing. XX

XX Please return evidence to the following:

> Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## \* 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. Na	ame of the limited liability company: WILSON HAR	BOR BEACH, L	LC	
2. (a)	650 Fifth Avenue, 28th Floor	(b)		
<i>2.</i> (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	c/o TGM Associates			
	New York, NY 10019			
	03/05/2019	M19	9000002207	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T Corporation System			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
			25 <b>5</b>	
			- PR F	
	Plantation , FI	L33324		
			P EDV	
(b)	Corporation Service Company			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	APPROVEU FILED FIL	
	1201 Hays Street			
	NEW Registered Office Address:		<del></del> -	
	Tallahassee , FI	L, 32301		
the cha agent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered iability compar of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in	
/s/ \	Veta Bills	Veta Bills	, Authorized Person	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to meri	by accept the appointment as registered agent and age ins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	a narformanca i	of my duties, and I am familiar with and accom	
Signatu	re of Registered Agent Corporation Service Company	BY: Ami M	I. Casper	