M190000004366

Office Use Only



500378371715

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/14/2022		
	Chris Vick	<u> </u>	
	1573543		
Entity Name	BOCA BUNG	ALOWS OWNER, LLC	
Articl	es of Incorporation/Authorizat	on to Transact Business	
Ame	ndment		
☑ Char	nge of Agent		
Reins	statement		
Conv	version		
☐ Merg	er	. 20 ALL 20	
Disso	olution/Withdrawal	22 JAI	ס
Fictit	ious Name	WIN PHIL	7
Othe	r	AN 18 PHIZ: OF	
Authorized /	Amount: \$25.00		

F: +852.2682.9790

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. N	ame of the limited liability company: BOCA BUN	IGALOWS	OWNER, LLC
2. (a)	One Vanderbilt Avenue, 26th Floor	(b) O	ne Vanderbilt Avenue, 26th Floor
(117	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>N</u>	o Change
	May 1, 2019		M1900004366
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
,	Registered Agent and Registered Office shown on the records of	f the Florida Dep	pt. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
			200
	Plantation F	33324	SECRE DAY
(h)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
	115 North Calhoun St., Suite 4		OF STATE
	NEW Registered Office Address:	-	
	Tallahassee	_L 32301	
	rananassee , F	1, 32301	
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa of the limited e limited liabi	ed office and the business office of the registered cany, it is hereby confirmed that the change(s). I liability company or as otherwise provided in
	larcello Liguori aure of a member or authorized representative of a member	Marcello	Printed or typed name of signee
I here provis the ob to men notific	Phy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	gree to act in t e performance ed for in Chap hereby confi	this capacity. I further agree to comply with the
	ean Honan		

Sean Honan, Assistant Secretary

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