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Division of Corporations

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Florida Department of State

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE **BOCA BUNGALOWS OWNER, LLC**

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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: BOCA BUNGAL	OWS (OWNER, LLC	;
2. (a)	550 Madison Avenue, 20th Floor		(b) 550 Madi	son Avenue, 20th Floor
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NEW YORK, NY 10022	_	NEW YO	RK, NY 10022
	05/01/2019	_	M1900000-	4366
3.	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	ha Flor	da Dont, of Stat	
	115 N CALHOUN ST STE 4 TALLAHASSEE, FL 32301		or bept. or star	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>SS)</u>	-
				2025 MAR 2025 MAR
(b)	C T Corporation System			ART PAR
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AUVELLED 2:
	NEW Registered Office Address:			. 12
	i 200 South Pine Island Road			- . v
	Plantation , FL	33324		_
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	the regional bility of the l limited	gistered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee
provisi the obl to mer notified 3y:	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete places of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CT Corporation System Lisa DuBorc of Registered Agent	perfor l for in sereby	mance of my	duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been