## M1900005508

		. <u></u>	
(Requ	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phone	<del>:</del> #)	
PICK-UP	MAIT	MAIL	
(Busin	ess Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fili	ng Officer:		

Office Use Only



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O SIMMONS MAR 23 2020



| 115 N CALHOUN ST., STE. 4 | TALLAHASSEE, FL 32301 | P: 866.625.0838 | F: 866.625.0839 | COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/20/2020	
Name:		<del>.</del>
Reference	e #:1202418	
Entity Nan	ne: 247 MULBERR	Y STREET COMPANY, LLC
Arti	cles of Incorporation/Authoriza	ion to Transact Business
Am	endment	
<b>₽</b> Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized		. <u>.                                   </u>
Signature.	' <del>- /- /- /- /- /- /</del>	<del>-</del>

## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corp	orations				
SUBJECT:	247 Mulberry Street Company, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspo	ondence concerning this	s matter to the following:			
ì	Name of Person				
	Firm/Company	<del></del>			
	Address				
City	/State and Zip Code				
·	·				
E-mail address: (to	be used for future annu	al report notification)			
For further information c	oncerning this matter, p	please call:			
		at ( )			
Name of	Person	Area Code & Daytime Telephone Numb			
STREET/COUR Registration Sect	RIER ADDRESS:	MAILING ADDRESS: Registration Section			
Division of Corp		Division of Corporations			
Clifton Building	2	P.O. Box 6327			
2661 Executive ( Tallahassee, Flor		Tallahassee, Florida 32314			
Enclosed is a ch	eck for the following a	amount:			
選 \$25 Filing Fee	:	☐ \$55 Filing Fee & Certified Copy			

## 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.	Name of the limited liability company:			247 Mulberry Street Company, LLC				
2.	(a)	770 LEXINGTON AVENUE		(b)	770 LEXINGTON A	/ENL	JΕ	
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(*)	Mailing address of limited line (Note: MAY BE POST O			:
		9TH FLOOR			9TH FLOOR			
		NEW YORK, NY 10065	_		NEW YORK, NY 1	0065		
		06/05/2019			M19000005508	3		
3.		Date of filing/registration in Florida	4.	•	Document number			
5.	(a)	NRAI SERVICES, INC. Registered Agent and Registered Office shown on the records of the						
	` '	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of St	ale:			
	1200 SOUTH PINE ISLAND ROAD					1.27 1.5	202	
	Registered Office Address (MUST BE FLORIDA STREET ADDR			<u>SS)</u>	<u>"</u>	: <del>`</del> -j	2020 HAR	
							$\sim$	·,
		PLANTATION , FL		33324	;	•	0	ļ., .
(	(b)	COGENCY GLOBAL INC.				; <del>;</del> ! 	AH 9:	
•	,	Enter name of NEW Registered Agent and/or NEW Registered (	Office 1	iddress:			9: 17	
		115 North Calhoun Street, Suite 4	ļ					
		NEW Registered Office Address:			<del></del>			
					_			
		Tallahassee , FL		32301				
the ages was the Si I he protected to n	cha nt w /we arti- gnat gnat eret oblinere	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and a street authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws of a member or authorized representative of a member on a complete point of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I have a controlled this change.	the reg bility I the li limited	gistered offi- company, it mited liabil d liability co	ce and the business officishereby confirmed that ity company or as otherwompany.  EVIC DHCA  Printed or typed name of signature.	e of the classe progression of the classe progression of the contract of the c	ne regis hange(s ovided	tered in in

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

Signature of Registered Agent

/S/ Jacqueline Almeida, assistant secretary