Note: P	lease print this page and use it as a cover sheet. Type the fax audit nu (shown below) on the top and bottom of all pages of the document.	mber
	(((H20000102478 3)))	
Note: I	H200001024763ABCY	page.
•	Doing so will generate another cover sheet.	
TC	: Division of Corporations Fax Number : (B50)617-6383	
FI	om: Account Name : CORPORATE CREATIONS INTERNATIONAL IN Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639	c.
•*Enter an	the email address for this business entity to be used for f nual report mailings. Enter only one email address please.*	iuture •
_	ail Addross:	-
BH 3: 16	LLC REGISTERED AGENT CHANGE MAN GLG LLC	2020,
2020 APR - 6	Certificate of Status0Certified Copy0	2020 APR -6
0 0	Page Count 02	AH 10: 3

https://efile.sunbiz.org/scripts/efilcovr.exe

APR 0 7 2003

4

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.

(b)
	27th Floor
	New York, NY 10018
	M19000009620
4.	Document number
of the Florid	da Depi. of State:
	2021
ET ADDRES	70
FL	
red Office a	address:
, FL	3
d liability (ers of the limited	the State of Florida, it is hereby confirmed that after tered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided d liability company. Solomon Kuckelman Printed or typed name of signee act in this capacity. I further agree to comply with rmance of my duties, and I am familiar with and ac in Chapter 605, F.S. Or, if this document is being f y confirm that the limited liability company has bee
	of the Flori ET ADDRE FL FL FL red Office red Office associated liability ers of the the regist d liability ers of the the limited function

Signature of Registered Agent

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

INHS18 (2/14)