## M19000011121

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



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2022 OCT 13 PM 3:3

2027 OCT 13 AM II: O

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |          |  |  |  |  |  |  |
|---|----------|--|--|--|--|--|--|
| REFERENCE : 024016 83341                        | 08       |  |  |  |  |  |  |
| AUTHORIZATION: Spellera                         | <u> </u> |  |  |  |  |  |  |
| COST LIMIT : \$ 25.00                           |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| ORDER DATE: October 12, 2022                    |          |  |  |  |  |  |  |
| ORDER TIME : 1:28 PM                            |          |  |  |  |  |  |  |
| ORDER NO. : 024016-019                          |          |  |  |  |  |  |  |
| CUSTOMER NO: 8334108                            |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| NAME: 25 WEST FLAGLER REALTY, LLC               |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| CERTIFIED COPY XX PLAIN STAMPED COPY            |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |
| CONTACT PERSON: Eyliena Baker                   |          |  |  |  |  |  |  |
| EXAMINER'S INITIALS:                            |          |  |  |  |  |  |  |
|   |          |  |  |  |  |  |  |

## 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: 25 WEST FLA  | GLER R  | EALT                              | Y, LLC   |  |  |
|---|--|---|-----------------------------------|--|--|--|
|   |  |   |                                   |  |  |  |
| (u)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   |                                   | Mailing address  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)      |  |
|   | 215 COLES STREET   |   | 2                                 | 15 COLES STREET  |  |  |
|   | JERSEY CITY, NJ 07310  |   | JE                                | ERSEY CITY, NJ 073   | 10   |  |
|   | 11/19/2019   |   | M <sup>2</sup>                    | 19000011121  |  |  |
| 3.  | Date of filing/registration in Florida   | 4.  |                                   | Document nu  | ımber  |  |
| 5. (a)  |  |   |                                   |  |  |  |
|   | Registered Agent and Registered Office shown on the records of   | of the Flori  | da Dej                            | ot, of State:  | <b>~</b>   |  |
|   | CHUNG, JAY   |   |                                   |  | <b>077</b>   |  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |                                   |  |  |  |
|   | 318 NW 23RD STREET   |   |                                   |  | 2077 OCT 13<br>SHOTE JARA  |  |
|   | MIAMI  | 33127   |                                   |  | TI3 AM   |  |
| (b)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company   | ed ()Mice a   | ddres                             | <u>S</u> :   | AHII: 02   |  |
|   | NEW Registered Office Address:   |   |                                   |  |  |  |
|   | 1201 Hays Street   |   | _                                 |  |  |  |
|   | Tallahassee . F  | 32301   |                                   |  |  |  |
| change<br>agent v<br>was/we<br>the arti             | imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the poishe Mana | ie registe<br>liability o<br>of the li<br>e limited | red o<br>compa<br>mited<br>liabi  | ffice and the business<br>any, it is hereby confi-<br>liability company or<br>lity company.<br>Mana, Authorized Pe | s office of the registered<br>irmed that the change(s)<br>as otherwise provided in |  |
| I here<br>provisi<br>the obl<br>to mero<br>notified | by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.  | gree to ac<br>e perforn<br>ed for in<br>Thereby c   | a in t<br>nance<br>Chap<br>confir |  | -  |  |

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

Grace E. Kirby Asst. Vice Presidente