## M20 00000 8290

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| ,                                       |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (Addiess)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| (Socialism Names)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



900358669969

01/26/21--01027--010 \*\*25.00

707: JA" 25 F" 8:

RYUS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 21, 2021

Order#: 614762-044

Re: OC-IB HEADQUARTERS PROPERTY OWNER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_\_ Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX \_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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: OC-IB HEADQU  | JARTEI   | RS PROPER  | TY OWNER, LLC  |  |
|---------------------------------------|---|--|--|--|--|
| 2. (a)                                | 535 MADISON AVE 6 FL  | ı  | (b) 535 MADISON AVE 6 FL                           |  |  |
| 2. (11)                               | 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 YOR  | RK, NY 10022   |  |
|                                       | 09/22/2020  | _  | M20000008  | 3290   |  |
| 3.                                    | Date of filing/registration in Florida  | 4.   |  | Document number  |  |
| 5. (a)                                | CT CORPORATION SYSTEM   |  |  |  |  |
| . ()                                  | Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD  | -<br>::<br>-                                   |  |  |  |
|                                       | Registered Office Address (MUST BE FLORIDA STREET)  |  |  |  |  |
|                                       | PLANTATION, FL  | 33324  |  |  |  |
| (b)                                   | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  | 26 f''   |  |
|                                       | Corporation Service Company   |  |  | ह.<br>अ  |  |
|                                       | NEW Registered Office Address:  1201 Hays Street  |  |  |  |  |
|                                       | Tallahassee, FI_  | 32301  |  |  |  |
| change<br>agent v<br>was/we           | imited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of<br>cless of organization or the merating agreement of the | register<br>ability c<br>of the lin<br>limited | red office and<br>ompany, it is<br>nited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.            |  |
| Signat                                | tur of a member or authorized representative of a member  |  |  | Printed or typed name of signee  |  |
| provisi<br>the obl<br>to <b>me</b> rc | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I leave the models of this change.                                     | perform<br>d for in<br>hereby c                | iance of my d<br>Chapter 605,<br>confirm that t    | luties, and I am familiar with and accept<br>F.S. Or, if this document is being filed<br>he limited liability company has been |  |
| Signatu                               | ACT REGISTERED AGENT  | Grace  | E. Kirby, Ass                                      | t. Vice President  |  |

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