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| (Re | equestor's Name) | | | | | |
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| (Ad | dress) | | | | | |
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| PICK-UP | MAIT | MAIL | | | | |
| (Bu | isiness Entity Nam | e) | | | | |
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| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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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#: 614762-047

Re: OC-IB TOD PROPERTY OWNER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

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 | me of the limited liability company: OC-IB TOD PRO | PERT | Υ (| OWNER, L | LC | |
|----------------------------|------------------------------|---|--|--------------------------|--|---|--|
| 2. | (a) | 535 MADISON AVE 6 FL | C | (b) 535 MADISON AVE 6 FL | | | |
| <u>-</u> - | (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | , | λ | Agailing address of limited liability com (Note: MAY BE POST OFFICE BO | |
| | | NEW YORK, NY 10022 | _ | | NEW YOR | RK, NY 10022 | |
| | | | _ | | | | |
| | | 09/22/2020 | | i | M20000008 | 8294 | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document number | |
| 5. | (a) | CT CORPORATION SYSTEM | | | | | |
| -7. | () | Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD | e Florid | la I | Dept. of State: | : | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | | | | | 211 | |
| | | PLANTATION, FL. | 33324 | | | 2117" Jair 25 | |
| | | | | | | | |
| (| (b) | | | | | C i | |
| | | Enter name of NEW Registered Agent and/or NEW Registered C | Office ad | ldi | ress: | : : | |
| | | Corporation Service Company | | პ | | | |
| | | NEW Registered Office Address: | | 9 | | | |
| | | 1201 Hays Street | | | | | |
| | | | | | | | |
| | | Tallahassee ,FL 3 | 2301 | | | | |
| chai agei was the | nge nt w /weq artic | nited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liability of organization or the operating agreement of the line. | egistere ility co the lim mited l | ed mite lia | office and pany, it is bed liability bility comp lmi, Authori | the business office of the regist hereby confirmed that the chang company or as otherwise proviously. zed Person | ered ge(s) |
| | · / | re of a member or authorized representative of a member | | | | Printed or typed name of signee | |
| prov he e o m | visió oblig erel | v accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f y reflect a change in the registered office address, I her in writing of this change. | erforma for in C reby co | an Chi Inj | ce of my du apter 605, i firm that th | dies, and I am familiar with and F.S. Or, if this document is bei e limited liability company has | vith the d accept ng filed been |
| Vi | \sum_{i} | of HAMilan Prica gray | irace E | 5. I | Kirby, Asst | . Vice President | |

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

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