M2100000 211

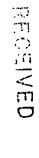
(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
SEP 13 2024						

Office Use Only



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2824 SEP 12 PM 3: 37





CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/12/24 Order #: 1622528-6

Re: 2200 Brickell Holding LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: 12000000195,

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

COVER LETTER

	istration Section sion of Corporations					
CUDICAT.	2200 Brickell Holding LLC Name of Limited Liability Company					
SUBJECT:						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office C	hange a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning this ma	tter to th	ne following:			
Jamilet Aran	na					
	Name of Person					
Aria Develor	oment Group LLC					
·	Firm/Company					
3050 Biscay	ne Blvd., Ste 301					
	Address					
Miami, FL 33	3137					
<u> </u>	City/State and Zip Code					
ap@ariadev	elopmentgroup.com					
E-mail	address: (to be used for future annual re	port no	tification)			
For further in	nformation concerning this matter, pleas	se call:				
Jamilet Aran		212	400-0500 ext 308			
	Name of Person	\	Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Encl	losed is a check for the following amo	unt:				
□ \$2	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. N	ame of the limited liability company: 2200 BRICKEL	L HOLD	ING LLC			
2. (a)	APL 2200 BRICKELL MANAGER LLC	((b) APL 2200 BRICKELL MANAGER LLC			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3050 BISCAYNE BOULEVARD, SUITE 301		3050 BIS	CAYNE BOULEVARD, SUITE 301		
	MIAMI, FL 33137		MIAMI, F	L 33137		
	1/04/2021		M2100000	0211		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CT CORPORATION SYSTEM					
J. (u)	Registered Agent and Registered Office shown on the records o	t the Florid	la Dept. of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET	*ADDRES	<u>(S)</u>	_		
	1200 South Pine Island Road			_		
	Plantation	33324				
		Ľ		- -2		
(b)						
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	SEP -F1		
	Corporation Service Company			PILED AMID: 28		
	NEW Registered Office Address:			一		
	1201 Hays Street					
				28		
	Tallahassee . F	L 32301				
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability coor of the line in th	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
Sign	fure of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been		
Signati	re of Registered Agent					

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