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(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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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: June 7, 2021

Order#: 844383-005

Re: OLD SLIP PROPERTIES, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$\$R25.00.

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: OLD SLIP PROP	PERTIE	ES,	LLC		_
2	(a)	40 WALLS ST FL 28		(b)	40 WALLS	S ST FL 28	-
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		failing address of limite (Note: MAY BE POS	=
		NEW YORK, NY 10005	_		NEW YOR	RK, NY 10005	
		02/09/2021	_	- 1	M21000001	1579	
3.		Date of filing/registration in Florida	4.		[Document number	
5.	(a)	UNITED STATES CORPORATION AGENTS INC					
	(-/	Registered Agent and Registered Office shown on the records of the	fice shown on the records of the Florida Dept		Dept. of State:	:	Gr. 's
		5575 S SEMORAN BLVD STE 36				•	
		Registered Office Address (MUST BE FLORIDA STREET AL					321 361
							8
		ORLANDO . FL	32822				
						•	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (· · · · · ·				- F
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office a	ddı	<u>(535</u>)		
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee , FL	32301				
ch: age wa	ange ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the second street and the second street are second	egister oility c the lir	red om nit	office and pany, it is led liability	the business office hereby confirmed to company or as other	of the registered hat the change(s)
		/S/James J. Lukezic	Ja	me	s J. Lukezio	c, Authorized Perso	on
5	Signat	ure of a member or authorized representative of a member				Printed or typed name of	of signee
pre the to	ovisie obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.	erform for in ereby c	ian Ch con,	ce of my di apter 605, firm that th	uties, and I am fami F.S. Or, if this doc te limited liability c	iliar with and accept cument is being filed company has been
ر Sig	gnatur	e of Registered Agent	Gra	ice	E. KIFDY, A	Asst. Vice Presiden	ι