## 19910000003358

	***	
(F	(equestor's Name)	
<u> </u>	Address)	
	Address)	
(~	(daress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
- /5	Project Entity Nome	
(6	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of 5	Status
<del></del>		
Special Instructions to Fi	ling Officer:	





300440236763

2024 DEC -3 EM 11: 47

2024 DEC -3 AH II: 30

· :

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

.

ACCOUNT NO. :	12000000195						
REFERENCE :	775240 8329758						
AUTHORIZATION :							
COST LIMIT :	\$ 25.00						
ORDER DATE: November 20, 2024							
ORDER TIME : 10:34 AM							
ORDER NO. : 775240-044							
CUSTOMER NO: 8329758							
	<b></b>						
CHANGE OF AGEN	<u>IT</u>						
WALL COMEDINATE CERTIFICATION OF THE CERTIFICATION	CORO. IIIO						
NAME: SOMERAROAD SERVICES, LLC							
DIFFIGE DESCRIPTION FOR FOLLOWING TO DE	000 OF FILENC						
PLEASE RETURN THE FOLLOWING AS PF	COOF, OF, FIFING:						
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Amanda Miller							

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.

. Na	ame of the limited liability company:				
. (a)	130 W. 42ND STREET 22ND FLOOR		130 W. 42ND STREET 22ND FLOOR (b)		
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ıyı		γ.	failing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	NEW YORK, NY 10036			NEW YOR	K, NY 10036
	03/01/2021			M21000002	2358
	Date of filing/registration in Florida	4.			Document number
	<b>5 Ç</b>				
(a)	Registered Agent and Registered Office shown on the reco	ords of the Fl	orida	a Dept. of State:	:
	Registered Office Address (MUST BE FLORIDA STE	REET ADDR	ES.	<u>S)</u>	
	155 OFFICE PLAZA DRIVE Suite D				
	TALLAHASSEE	, FL323	301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istored ()ffic		Ideas	Co
	Timer name of NEW Registered Agent and/or NEW Reg	Mered Offic	cau	iuress.	2024 DEC -3
	Corporation Service Company				30.4
	NEW Registered Office Address:				
	1201 Hays Street				FILED C-3 file
	Tallahassee	, FL	01		<b>40:48</b>
hange gent v vas/w	NEW Registered Office Address: 1201 Hays Street	he laws of of the regis ted liability bers of the	the stero y co lin	ed office and impany, it is tited liability	the business of the hereby confirm company or a
	rees of organization of the operating agreement of the operation of the operating agreement of the ope				pany. PBELL, AUTHORIZED PERSON

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of a member or authorized representative of a member

INHS18 (2/14) CSC 775240