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:	(Requestor's Name)					
	(Address)					
·.	(Address)					
; ;	(City/State/Zip/Phone #)					
PICK-UF	WAIT	MAIL				
	(Business Entity Name)					
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 368877 7923254

AUTHORIZATION

COST LIMIT : 7\$25.00

ORDER DATE: March 18, 2024

ORDER TIME : 2:17 PM

ORDER NO. : 368877-005

CUSTOMER NO: 7923254

CHANGE OF AGENT

NAME: MIAMI BEACH DESIGN PARTNERS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX 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.

1.	Na	me of the limited liability company: MIAMI BEACH DE	ESIG	۱F	PARTNER	RS, LLC	
	(a)						
	(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, • ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4100 ne 1st avenue, Suite 300			1411 BR	ROADWAY 21ST FLOOR	
		MIAMI, FL 33137	_		NEW YC	ORK, NY 10018	
		05/06/2021		٨	/2100000	05460	
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)						
	(**)	Registered Agent and Registered Office shown on the records of the WILLS, KEVIN	e Florio	la [Dept. of Sta	2024 SEC	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					7	
	56 Blue Mountain Road Unit C102					-di-P	
		Santa Rosa Beach , FL 3	32459			PH	<u> </u>
						- STATE	eres ⁷
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O				_ PAGE 00	
		Enter name of NEW Registered Agent and/or NEW Registered O	ottice a	ddi	ress:	•	
		Corporation Service Company					
		NEW Registered Office Address:		_			
		1201 Hays Street				_	
		Tallahassee .FL	2301				
cha age wa	ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the recill 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 limited liability.	egister ility c the lir	red om nit	office an ipany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s ity company or as otherwise provided	d :)
		in Wills	Ke	vin	Wills, Ma	lanager	
III pro the to no	nerek ovisie obli mere tified	ure of a member or authorized representative of a member of accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided for the reflect a change in the registered office address. I here in writing of this change. The reflect a change in the registered office address, I here in writing of this change. The reflect acceptance of this change.	erform for in rehy c	t in an Ch con	n this cap nce of mv apter 602 firm that	Printed or typed name of signee pacity. I further agree to comply with duties, and I am familiar with and acts. F.S. Or, if this document is being for the limited liability company has bee	the rcept îled m
J		Division of Corporations • P.O. Bo	x 632	7∙	Tallaha	assee, FL 32314	

FILING FEE: \$25.00

CSC 368877-5

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