M2100005635

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

Office Use Only



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2022 AUG 22 AM 9: 10

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A. BUTLER AUG 2 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : | I2000000 | 0195 | |
|---|------|-----------|---------|---------|
| REFERENCE | : : | 896732 | 7527656 | |
| AUTHORIZATION | 1 : | Louis | | |
| COST LIMIT | · : | \$ 25.00 | Klman | |
| | | | | |
| ORDER DATE : August 19, 2022 | ? | | | |
| ORDER TIME : 8:29 AM | | | | |
| ORDER NO. : 896732-055 | | | | |
| CUSTOMER NO: 7527656 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| NAME: 7800 UNIVERSAL BLVD TRS LLC | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| CONTACT PERSON: Alexxis Weil | and. | | | |
| E | IMAX | NER'S INI | rials: | |

COVER LETTER

| Division of Corporations | |
|--|--|
| 7800 Universal Blvd TRS LLC SUBJECT: | |
| | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | g this matter to the following: |
| | |
| Name of Person | |
| Firm/Company | |
| | |
| Address | |
| City/State and Zip Cod | de |
| E-mail address: (to be used for future | annual report notification) |
| For further information concerning this mat | tter, please call: |
| Name of Person | at () Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the follow | ing amount: |
| □ \$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. 1 | Name of the limited liability company: 7800 Universal | BIVd TRS LLC | |
|---------------------------|--|---|---|
| 2. (a) | | 41.5 | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. 5. (a | Date of filing/registration in Florida C T Corporation System Registered Agent and Registered Office shown on the records of | 4. | Document number |
| | Registered Office Address (MUST BE FLORIDA STREET. 1200 South Pine Island Road | ADDRESS) | |
| | Plantation , FL | 33324 | 2022 AUG 22 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: | Office address: | 22 AH 9: 10 |
| | 1201 Hays Street | | |
| | Tallahassee , FL | 32301 | |
| chang agent was/v | limited liability company is not organized under the lay ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the | registered officability company of the limited lia | ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. |
| | nature of a member or authorized representative of a member | | Printed or typed name of signee |
| provi: the ob to me | eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It is writing of this change. | ee to act in this performance o I for in Chapte iereby confirm | s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been |
| Signat | Circuit Wilm assistant va present | | |

COVER LETTER

| TO: | FO: Registration Section Division of Corporations | | | | |
|---------|--|---|---|--|--|
| SUBJI | ECT: | 7800 Universal Blvd TRS LLC | | | |
| | _ • | Name of Limited Liability Company | | | |
| Dear S | Sir or N | fadam: | | | |
| The en | closed | Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. | | |
| Please | return | all correspondence concerning this matter | r to the following: | | |
| | | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | | | | | |
| | | Address | | | |
| | - | City/State and Zip Code | <u> </u> | | |
| E | -mail : | address: (to be used for future annual repo | ort notification) | | |
| For fur | rther in | formation concerning this matter, please of | eall: | | |
| | | at (|) | | |
| | | Name of Person | Area Code & Daytime Telephone Number | | |
| | Regineration Regin | ing Address: stration Section sion of Corporations Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | |
| | Lalla | thassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Enclo | osed is a check for the following amoun | t: | | |
| | □ \$2 | 5 Filing Fee | □ \$55 Filing Fee & Certified Copy | | |