

MZ1000014750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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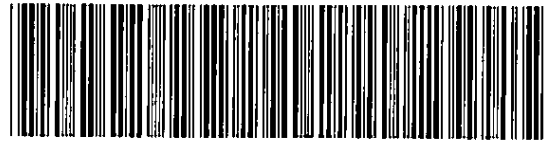
(Business Entity Name)

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REC-1019

2021 NOV 29 AM 10:10
TALLAHASSEE, FLORIDA


REC-1019

2021 NOV 29 PM 3:53
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 269634 7553193

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : November 29, 2021

ORDER TIME : 3:06 PM

ORDER NO. : 269634-040

CUSTOMER NO: 7553193

CHANGE OF AGENT

NAME: OC-IB II PROPERTY OWNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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. Name of the limited liability company: <u>OC-IB II PROPERTY OWNER, LLC</u>	
2. (a) <u>535 MADISON AVE 6TH FLOOR</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>NEW YORK, NY 10022</u> <u>11/05/2021</u>	(b) <u>535 MADISON AVE 6TH FLOOR</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>NEW YORK, NY 10022</u> <u>M21000014750</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>C T CORPORATION SYSTEM</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1200 SOUTH PINE ISLAND ROAD</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>PLANTATION, FL 33324</u>	
(b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>/s/ William Q. O'Connor</u> Signature of a member or authorized representative of a member	<u>William Q. O'Connor, President and CEO</u> Printed or typed name of signee
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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.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President of Corporation Service Company

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