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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE AG-HS LAKELAND PROPERTY OWNER, L.L.C.

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M. SOLOMON

OCT 2 4 2024

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## 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	ame of the limited liability company: AG-HS Lakela	and Proper	ty C	)wner. L.L.	.C.			
2	(a)	245 Park Avenue 26th Floor		(b) 245 Park Avenue, 26th Floor					
<u>~</u> .	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		New York, NY 10167			New York	, NY 10167			
		12/08/2021		ħ	421000016	5610			
3. 5	(a)	Date of filing/registration in Florida C.T CORPORATION SYSTEM	4.	_		Document number	•		
٠.	(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORIDA STREET ADD			DDRESS) 7024 OCT 23				
		PLANTATION , FL 33324							
	(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			PN 4: 27				
		801 US Highway 1							
		NEW Registered Office Address:	, ,			_			
		North Palm Beach . FL			33408				
ch ag wa	ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member celes of organization or the operating agreement of the street and the control of the operating agreement o	the registe Hiability rs of the l	erec con imit	l office an npany, it is ted liabilit	Id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in			
_	(	strella Tavarez	E.	stre	lla Tavarez.	. Attorney-in-Fact			
		ture of a member or authorized representative of a member	aaraa ta s	et i	n this can	Printed or typed name of signee	ls2>		
pr the to	ovisi e obl merc	by accept the appointment as registered agent and closs of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address, of in writing of this change.	ete nertor	mai	nce of my a	duties, and I am familiar with and acc	ent		
		alla Tavarez Estrella Tavarez. Special Secretar	y						