

M21000017051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

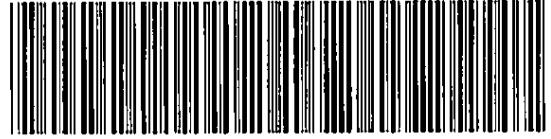
(Business Entity Name)

(Document Number)

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LLC  
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2024 FEB 16 PM 2:00

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A. RAMSEY  
FEB 28 2024

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**DATE: 02/15/2024**

**NAME: CIG 3151 BABCOCK ST GP LLC**

**TYPE OF FILING: CHANGE OF RA**

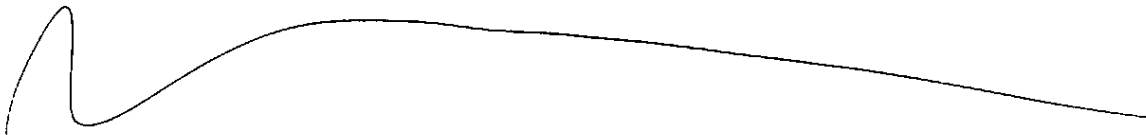
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be 'Abbie/Paul Hodge', written over a horizontal line.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CIG 3151 BABCOCK ST GP LLC  
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 this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( ) Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following 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. Name of the limited liability company: CIG 3151 BABCOCK ST GP LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
306 EAST 84TH ST.  
NEW YORK, NY 10028

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
306 EAST 84TH ST.  
NEW YORK, NY 10028

3. 12/15/2021 Date of filing/registration in Florida  
 4. M21000017051 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
PLATINUM AGENT SERVICES LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

FILED  
 2024 FEB 16 AM 9:57  
 DEBRA EINHORN

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
DBO Services LLC  
NEW Registered Office Address:  
155 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32301

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.

/s/ Debra Einhorn Debra Einhorn  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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.*

/s/ Devorah Glazer  
 Signature of Registered Agent