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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Phone Phone Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Email Address:

LLC REGISTERED AGENT CHANGE AGAP MARGATE LLC

| Certificate of Status | 0 |
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M. SOLOMON

OCT 2 3 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. N | ame of the limited liability company: AGAP Margate | LLC | | | |
|----------------------------|---|---|--|--|--|
| 2. (a) | 245 Park Avenue, 26th Floor | (b) | (b) 245 Park Avenue, 26th Floor | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of | limited liability company: E POST OFFICE BOX | |
| | New York, NY 10167 | <u> </u> | New York, NY 10167 | | |
| | 12/15/2021 | M | 21000017105 | | |
| 3. | Date of filing/registration in Florida C T CORPORATION SYSTEM | 4. | Document nun | nber | |
| 5. (a) | 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 ADDRESS) | | ept. of State: | 2024 O | |
| | PLANTATION , F | L 33324 | | 2024 OCT 23 PH | |
| (b) | Corporate Creations Network Inc. | | | 3:59 | |
| | 801 US Highway 1 | | | H W | |
| | NEW Registered Office Address: | | | | |
| | North Palm Beach | L_33408 | | | |
| change agent was/w | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | ne registered (liability comp of the limite | office and the business of pany, it is hereby confirmed liability company or a | office of the registered med that the change(s) | |
| | strella Tavarez | lla Tavarez Estrella Tavarez | | ci. | |
| = | ature of a member or authorized representative of a member | | Printed or typed (| <u>-</u> | |
| provis the ob to mer | by accept the appointment as registered agent and as tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid vely reflect a change in the registered office address, t al in writing of this change. | gree to act in e performand led for in Cha I hereby conf | this capacity. I further se of my duties, and I an apter 605, F.S. Or, if thi irm that the limited liab | agree to comply with the n familiar with and accept is document is being filed ility company has been | |

Catralla Tavaraz Estrella Tavarez, Special Secretary Signature of Registered Agony