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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone: (561)694-8107 Fax Number

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

Fm a	÷	1	Address	
	7	1	ACCULERS	:

LLC REGISTERED AGENT CHANGE AGI 42ND STREET OWNER LLC

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M. SOLOMON

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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.

2. (a)	245 Park Avenue, 26th Floor		(b) 245 Park Avenue, 26th Floor					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	New York, NY 10167	-	New York	k, NY 10167				
	04/18/2022		M2200000	6013				
۰,	Date of filing/registration in Florida	4.		Document number				
. (a)	C T CORPORATION SYSTEM							
. (11)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of Sta	→ te:				
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>SS)</u>		: r-1	2024 01	وستراد	
	PLANTATION	FL_33324		-		1024 OCT 23	Service Servic	
(b)	Corporate Creations Network Inc.					70	Fï	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	_	Chica m grafi	PM 4:0	7	
	801 US Highway I				हार्ग <u>र्</u> वेदी हरा	0		
	NEW Registered Office Address:			-				
	North Palm Beach	TL 33408		-				
iange gent w as/wei	mited liability company is not organized under the loor changes are made, the Florida street address of the identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members less of organization or the operating agreement of the	e registe liability of of the li	red office and company, it is mited liability	d the business offices thereby confirmed v company or as off	e of the r that the c	egistere hange(ed 'e)	
	atrella Tavarez re of a member or authorized representative of a member		•	Attorney-in-Fact				
Signatu	tre 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.

Signature of Registered Agon