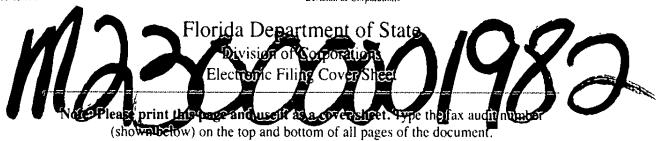
Division of Corporations



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Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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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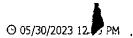
LLC REGISTERED AGENT CHANGE SECOND MEMBER LLC

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T. LEMIEUX

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HelpMAY 31 2020



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	SECOND MEMB are of the limited liability company:	BER LLC	
2.	(a)	300 Madison Avenue Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		New York, NY 10017	-	New York, NY 10017
3.		02/14/2023 Date of filing/registration in Florida	4.	M2300001982 Document number
5.	(a)	C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET A)		·
	(b)	PLANTATION , FL.3 United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered Of New Registered O		· · · · · · · · · · · · · · · ·
		801 US Highway 1 NEW Registered Office Address:		
		North Palm Beach , FL	33408	
cha age wa	ange ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered oility con the limit	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
<u>_</u>	ignat	ure of a member or authorized representative of a member	Erin	n Saville, Attorney-In-Fact 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 Agent Erin Saville, Special Secretary