M23000002921

(Requestor's Name)			
(Äddress)			
(,			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Soomes Zinn, Harne)			
(Document Number)			
Certified Copies Certificates of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195					
REFERENCE	: 631015 8128292					
AUTHORIZATION						
COST LIMIT	: Usir25:00 l man					
ORDER DATE : April 3, 2023						
ORDER TIME : 1:35 PM						
ORDER NO. : 631015-216						
CUSTOMER NO: 8128292						
CHANGE OF AGENT						
NAME: INDUSTRIOUS STP 200 CENTRAL AVENUE LLC						
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weila	ind-sorenson					
EX	AMINER'S INITIALS:					

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	me of the limited liability company: INDUSTRIOU	S STP 20	00 CENTRAL	AVENUE LLC	
	215 PARK AVE. S, FL 12		(b) 215 PAR	K AVE. S, FL 12	
2. (11)	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 10003		NEW YOU	RK, NY 10003	
	03/08/2023		M2300000	2921	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	NATIONAL REGISTERED AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State		
	1200 SOUTH PINE ISLAND ROAD			202	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u>(S)</u>	2023 APR	
	PLANTATION	33324	•	-	
	PLANTATION	L		-	
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:		
	Corporation Service Company			_	
	NEW Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee F	ւ_ ³²³⁰¹		_	
change agent w was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members eles of organization or the operating agreement of the	e registe liability of of the lin	red office and ompany, it is nited liability	d the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
				ilmi, Authorized Representative	
Signati	ure of a member or authorized representative of a member			Printed or typed name of signee	
provision the oblination to mere notified	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	gree to ac e perforn ed for in hereby c	t in this capa ance of my a Chapter 605, confirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been	

Division of Corporations

◆ P.O. Box 6327

◆ Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)