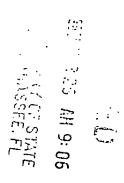
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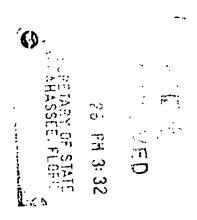
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	(Bus	siness Entity	Name)	
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Certified Copies		Certific	ates of	Status
Special Instruction	s to F	Iling Officer		
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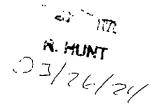
Office Use Only



200426069292







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 371269 8128292
AUTHORIZATION TRUBELLA
COST LIMIT : \$ 25.00
ORDER DATE: March 20, 2024
ORDER TIME : 2:14 PM
ORDER NO. : 371269-018
CUSTOMER NO: 8128292
CHANGE OF AGENT M 06
NAME: INDUSTRIOUS CNG 3390 MARY STREET LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Miller

EXAMINER'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. 1	Name of the limited liability company:	OUS CNG 3390 N	MARY STREET LLC
2. (a	215 Park Avanua Floor 12		
2. (0	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	: (9) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10003	- -	
	03/28/2023	M23	3000003965
3.	Date of filing/registration in Florida	4.	Document number
5. (2	National Registered Aents, Inc.		
٠. رد	Registered Agent and Registered Office shown on the record	ls of the Florida Dept	t. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	Plantation	, FL33324	
(b	Enter name of NEW Registered Agent and/or NEW Regist		
	Effet frame of NEW Registered Agent and/or NEW Register	erea Office agaress.	
	Corporation Service Company		MM 9: 06
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	, FL	
chang agent was/v	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	laws of the State the registered off d liability compar rs of the limited I	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Jamie Hodari	Jamie Ho	odari, Authorized Person
_	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to me	by accept the appointment as registered agent and a ions of all statules relative to the proper and compl ligations of my position as registered agent as provi ely reflect a change in the registered office address,	agree to act in the ete performance d ided for in Chapte , I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
notifie		ervice Company	
Signat	ure of Registered Agent	Ami M. Caspe	er, Asst. Vice President