

1123 0000 12994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

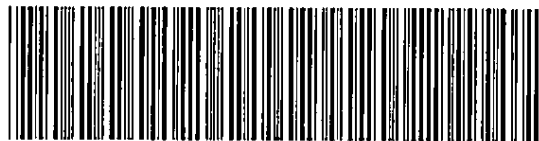
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
FD
2024 FEB 28 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 FEB 28 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/28/24
N. HUNT



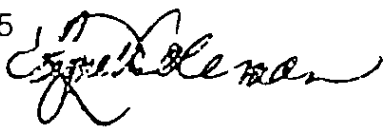
CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt
 Ext:
 Date: 02/28/24
 Order #: 1439307-1
 Re: 187 NW 28th Street Holding, LLC
 Processing Method: Routine

2024 FEB 28 AM 10:16
 DEPT OF STATE
 TALLAHASSEE, FL
 JD

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
 I20000000195
 AUTH 

Please take the following action:
 File in your office on basis
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 187 NW 28th Street Holding, LLC

Enter new principal office address, if applicable: 333 S. Grand Avenue, 47th Floor,
Los Angeles, CA 90071
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 333 S. Grand Avenue, 47th Floor,
Los Angeles, CA 90071
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000012494

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 28, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address
_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

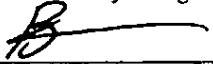
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Brian Aronson is hereby added as an Authorized Person and National Safe Harbor Exchanges, Inc. is hereby removed as Manager/Member.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Brian Aronson	333 S. Grand Avenue, 47th Floor,	<input checked="" type="checkbox"/> Add
		Los Angeles, CA 90071	<input type="checkbox"/> Remove
Manager/ Member	National Safe Harbor Exchanges, Inc.	10851 N. Black Canyon Highway,	<input type="checkbox"/> Add
		Suite 125, Phoenix, AZ 85029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

MAY 28 10:10 AM '10
 DEPT. OF STATE
 MISSISSIPPI

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 Brian Aronson

 Typed or printed name of signee

Filing Fee: \$25.00