(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Likky Harrie)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
JUN - 5 2024						

Office Use Only



600423176226

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida' 32312 (850) 656-4724

DATE 06/04/2024					
ENTITY NAME OSPI	ey OpCo Holdings, LLC				
<u> </u>	· · · · · · · · · · · · · · · · · · ·				
DOCUMENT NUMBEI	₹				
	PLEASE FILE TH	E ATTACHED AND RETURN			
xxxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
	Certified Copy of Arts Certificate of Good Sta				
	APOSTILLE' / N	IOTARIAL CERTIFICATION			
COUNTRY OF DESTIN	ATION				
NUMBER OF CERTIFIC	CATES REQUESTED				
TOTAL OWED \$25		ACCOUNT #: I20160000072			
		5 R 7/16			
Do an all Time at	the above number for	any issues or concerns. Thank you so much!			

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	ame of the limited liability company: Osprey OpCo	Holdings, LL	.C		
2. (a)		(h)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1000 GATES AVE., STE. 5		1000 GAT	TES AVE., STE. 5	
	BROOKYLN, NY 11221	BROOKY		'LN, NY 11221	
	04/02/2024		M24000004	1260	
3.	Date of filing/registration in Florida	4.		Document number	
	C T CORPORATION SYSTEM				
5. (a)	Registered Agent and Registered Office shown on the records	s of the Florida	Dept, of State	– e:	
	2. 3		·		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS		_	
	1200 SOUTH PINE ISLAND ROAD				
	DI ANTATIONI	22224		-	
	PLANTATION	. FL		_	
				20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			F I L	
	Take hallo of the same of the			i i i i i i i i i i i i i i i i i i i	
	Platinum Agent Services LLC				
	NEW Registered Office Address:				
	155 Office Plaza Dr				
		•			
	Taliahassee	FL 32301		- 9	
change agent was/we the arti	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of street friedman acture of a member or authorized representative of a member	the registered liability cors of the limited l	d office and mpany, it is ited liability iability con Friedman	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee	
provisa the obta to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and complifications of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. 1st Steven Friedman	agree to act cie performa ided for in C , I hereby co	in this capa ince of my c hapter 605 infirm that i	activ. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ire of Registered Agent				