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Division of Corporations

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LLC REGISTERED AGENT CHANGE AG-RC III POWERS AVE OWNER, L.L.C.

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OCT 2 4 2024 K. Brumbley

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.

I. Na	ame of the limited liability company: AG-RC III Pow	ers Ave	Owner.	. LLC.	
2. (a)	245 Park Avenue, 26th Floor		(b) 245 Park Avenue, 26th Floor		
w. (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-/ <u></u>	_	nited liability company: OST OFFICE BOX)
	New York, NY 10167		Ne	ew York, NY 10167	
	04/18/2024		M2-	4000005047	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number	er
•• ()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	•	
	PLANTATION, F	L_33324			2013
(b)	Corporate Creations Network Inc.				
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address	<u></u>	> c
	801 US Highway 1				<u> -</u>
	NEW Registered Office Address:				2: 0?
	North Palm Beach, F	L33408			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the l	ered of compa imited	ffice and the business offi my, it is hereby confirmed liability company or as c	ce of the registered d that the change(s)
(cucca / avaves		Tavarez, Attorney-in-Fact		
	ture of a member or authorized representative of a member			Printed or typed nan	_
provisi the obl to mgr	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	e nerfor	mance	of my duties, and Lam fo	miliar with and accept

Signature of Registered Agony

Signature of Registered Agony