Division of Corporations

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Address:

REGISTERED AGENT CHANGE PORT MALIBAR PROPERTIES, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS.

_			02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of <u>Florida</u>	·
in order	r to change its re	gistered office or regist	ered agent, or both, in the State of Florida.	
1. The name of t	the corporation:	PORT MALIBAR PROP	PERTIES, INC.	
The name of the corporation: PORT MALIBAR PROPERTIES, INC. 2. The principal office address: 900 PARK AVENUE, #21D, NEW YORK, NEW YORK 10075				
3. The mailing a	ddress (if differen	nt):		
4. Date of incorp	ooration/qualifica	tion: 11/24/1986	Document number: M42151	
		the current registered a fresigned, enter resigned	agent and registered office on file with the ed)	
	Robert C. Malanc			3
	9130 S. Dadeland Blvd. #1703, 400, Miami, FL 33156		1010	
	North Ft. Myers,	FL 33903		3
6. The name and (if changed):	l street address of	the new registered age	nt (if changed) and /or registered office	ų į
	CT Corporation	System		•
	c/o C T Corporati	on System, 1200 South P	ine Island Road	
		P.O. Box NOT	* acceptable	
	Plantation, Florid	n 33324		
The street addre	ss of its registere be identical.	office and the street	address of the business office of its registered	agent,
Such change was authorized by the	s authorized by re board, or the co	esolution duly adopted orporation has been no	by its board of directors or by an officer so tified in writing of the change.	
eny	· · · · · · · · · · · · · · · · · · ·	y	James Asher, President	
/1	to of an officer or direc		Printed or typed name and title	
I further agree to performance of a agent. Or, if this hereby confirm to the performance of the performan	o compty with th my duties, and I s s document is be	e provisions of all stati am familiar with and a ing filed merely to refl	d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as register ect a change in the registered office address, I n writing of this change.	ed
By:		noten -	7/26/19	
Sign	nature of Registered Ag	ent	Date	
If signing on bel	half of an entity:			
Kim Wasilowski,	Asst Secretary			
Ту	ped or Printed Name	 _		
		* * * FIT INC PE	F - \$35 AA + + +	

FILING PEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)