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REGISTERED AGENT CHANGE WEST BROWARD SHOPPING CENTER PROPERTY OWNERS ASSOCIA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WEST BROWARD SHOPPING CENTER PROPERTY OWNERS ASSOCIATION, INC.

2. The principal office address: 3801-3951 W BROWARD BLVD, PLANTATION, FL 33312

3. The mailing address (if different):	19 W. 44TH ST STE 1002, NEW YORK, NY 10036
5. The maning address (if different).	

4. Date of incorporation/qualification: 03/05/2021 ____ Document number: N21000002776

The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	CORPORATION SERVICE COMPANY			Ø
	1201 HAYS ST		2021	
	TALLAHASSEE, FL 32301		APR	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered office	ו פ-שי דר	
	C T Corporation System	<u> </u>	ų V	
	1200 South Pine Island Road		S	
	P.O. Box NOT acceptable		••	

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

3/23/21

C T Corporation System Sandra Zwijack, Asst. Secretary) By: Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)