## P12000075416

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DIVISION TRICE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 100040 8039546					
AUTHORIZATION: Symulation					
COST LIMIT : \$ 35.00					
ORDER DATE: October 31, 2023					
ORDER TIME : 10:35 AM					
ORDER NO. : 100040-064					
CUSTOMER NO: 8039546					
CHANGE OF AGENT					
NAME: NORSTAR VENETIAN WALK II, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

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

in orde	r to change its registered office or reg	ganized under the laws of the State of gistered agent, or both, in the State of i	
1. The name of	the corporation: NORSTAR VENETIA	N WALK II, INC.	
2. The principal	office address: 200 S DIVISION ST B	SUFFALO, NY 14204	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/04/2012	Document number: P12000	0075416
	d street address of the current registere thent of State: (If resigned, enter resi	d agent and registered office on file w gned)	
	MCDONOUGH, BRIAN J		2023
	150 W FLAGLER ST MUSEUM TO	OWER SUITE 2200	2023 NOV -
	MIAMI	FL 33130	-2 -2
6. The name and (if changed):	I street address of the new registered a  Corporation Service Company	gent (if changed) and /or registered of	PM 1: 07 PM 1: 07 E.F. ORIDA
	1201 Hays Street		<u>.</u>
		Box NOT acceptable	_
	Tallahassee	FL 32301	_
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of i	ts registered agent.
Such change was authorized by the	as authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	officer so
Xiel	2 agni	JILL CILMI, VICE PRESIDENT	
	re bl an officer or director	Printed or typed name and t	itle
I further agree of my duties, ar document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the cong filed merely to reflect a change in seen notified in writing of this chann Service Company	tatutes relative to the proper and com obligation of my position as registere othe registered office address, I here	nplete performance d agent. Or, if this by confirm that the
By: Dr	see Cokuble	11/01/2023	
Sig	nature of Registered Agent \	Date	
If signing on be	half of an entity:		
GRACE E. KIRE	BY, ASST. VICE PRESIDENT		
Т	yped or Printed Name		

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