F12000001324

(Re	equestor's Name)		
(Ac	ddress)		
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(,		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Name)		
(50	Some Ching Hamey		
- 			
(Do	ocument Number)		
Certified Copies	d Copies Certificates of Status		
Special Instructions to	Filing Officer:]	
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Office Use Only



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2022 JUN 20 AM IG: 25

FILED

2022 JUN 20 AM 11: 2:

A. RAMSEY
JUN 21 2022

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 7310507 43323

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 8, 2022

ORDER TIME : 10:0 AM

ORDER NO. : 731050-111

CUSTOMER NO: 4332382

CHANGE OF AGENT

NAME: TRUMP MIAMI RESORT MANAGEMENT

MEMBER CORP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of ch	nange is submitted for a corpor	502, 617.0502, 607.1508, or 617.1508, Florida Stati ration organized under the laws of the State of DE ice or registered agent, or both, in the State of Flori		<i>S</i>	
1. The name of	the corporation. TRUMP MIA	MI RESORT MANAGEMENT MEMBER CORP			
		VENUE, NEW YORK, NY 10022			
3. The mailing	address (if different):				
4. Date of inco	Date of incorporation/qualification: 03/27/2012 Document number: F12000001324				
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	he		
	NRAI SERVICES, INC				
	1200 South Pine Island Ro	oad	÷	20	
	Plantation, FL 33324			22 Jl	
6. The name ar (if changed):		gistered agent (if changed) and /or registered office		JUN 20 AM 10: 2	
	Corporation Service Comp	any	77	<u> </u>	
	1201 Hays Street			: 25	
		P.O. Box NOT acceptable			
	Tallahassee	FL 32301			
The street addras changed wil	ress of its registered office an ll be identical.	d the street address of the business office of its re-	gisterec	l agent,	
Such change wanthorized by	vas authorized by resolution of the board, or the corporation	luly adopted by its board of directors or by an offi has been notified in writing of the change.	cer so		
	Lie E. Cienie	Jill Cilmi, Vice President			
Signat	ture of in officer or director	Printed or typed name and title			
I further agree of my duties, a document is be corporation ha	of the appointment as register to comply with the provision and I am familiar with and acc wing filed merely to reflect a c as been notified in writing of i on Service Company	ed agent and agree to act in this capacity. as of all statutes relative to the proper and complet cept the obligation of my position as registered ag change in the registered office address. I hereby co this change.	te perfa jent. O onfirm i	ormance r, if this that the	
By: 💢	gnature of Registered Agent	06/15/2022			
Si	gnature of Registered Agent	Date		_	
If signing on b	ehalf of an entity:				
Grace E. Kirby	, Asst. Vice President				
	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)