## L030000 10619

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200271522202

09/11/15--01009--013 \*\*25.00

SEC CLARGE DE SIGN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscqlobal.com

Date: September 9, 2015

Order#: 751871/052

Re: NORTHWEST 56TH STREET, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

$\cdot \cdot (a)$	8623 Commodity Circle	_ (b)	•
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando FL 32819	_	Orlando, FL 32819
	05/25/2003	_	L03000010619
	Date of filing/registration in Florida	4.	Document number
i. (a)	Wright, Michael T		
	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	2
	8623 Commodity Circle		
	Orlando , FL_	32819	
(b)	Corporation Service Company	0.00	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Jince ago	aress:
	1201 Hays Street		dress:
	NEW Registered Office Address:		<del></del>
	<u> </u>		
	Tallahassee , FL	32301	
he cha igent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	0-6	Dona	na Priebe, Authorized Person
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee
l here provis	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	e to act performa I for in C	' in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed