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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC REGISTERED AGENT CHANGE 3601 REAL PROPERTIES LLC

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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

1. Na	nme of the limited liability company: 3601 F	Real Prop	erties LLC					
2. (a)	, , ,	(b)						
e. (ii)			Mailing address of limited li	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)				
	08/14/14		14000127776					
3.	Date of filing/registration in Florida	 ₄.	Document number					
	• •							
5. (a)	CARCAISE, VICKIE Registered Agent and Registered Office shown on the reco	ids of the Florida Dej	ot, of State:					
	4150 SW 28TH WAY			1023				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)		2023 Ft ? -				
	FORT LAUDERDALE	_, FI,33312		7 AM II: 0				
(b)	Northwest Registered Ager	nt LLC	•	0 :-				
(0)	Enter name of NEW Registered Agent and/or NEW Regi	stered Office addres	<u>s</u> :					
	7901 4th St N							
	NEW Registered Office Address.							
	STE 300							
	St. Petersburg	. FL 33702						
the cha agent v was/was/wathe arti	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of the interval of the members of the operating agreement of the oper	ess of the register ted liability comp pers of the limited	ed office and the business offic any, it is hereby confirmed tha I liability company or as othervillity company.	ce of the registered t the change(s)				
Signa	ture of a member or authorized representative of a member		Nat Smith Printed or typed name of s	ignee				
I here provisi the obl to mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	pleie performanc ovided for in Cha ss. I hereby confi	this capacity. I further agree t e of my duties, and I am famili pter 605, F.S. Or, if this docu rm that the limited liability cor	a comply with the				
1 "	Taylor Newman - Assi	stant Secretar	у					

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent