

L15000130740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

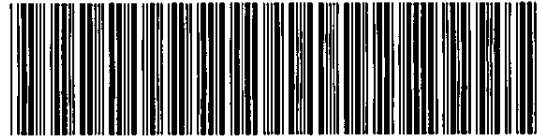
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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15 OCT -9 AM 11:18

OCT 12 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 826015 170700A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 8, 2015
ORDER TIME : 9:38 AM
ORDER NO. : 826015-005
CUSTOMER NO: 170700A

CHANGE OF AGENT

NAME: WASHINGTON SQUARED OWNER
700 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WASHINGTON SQUARED OWNER 700 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandy Sinha

Name of Person

Kasowitz, Benson, Torres & Friedman LLP

Firm/Company

1633 Broadway

Address

New York, NY 10019

City/State and Zip Code

ssinha@kasowitz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy J. Mazzola at (212) 542-4709

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: WASHINGTON SQUARED OWNER 700 LLC

2. (a) <u>1691 Michigan Avenue</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>Suite 445</u> <u>Miami Beach, Florida 33139</u>	(b) <u>1691 Michigan Avenue</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>Suite 445</u> <u>Miami Beach, Florida 33139</u>
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3. <u>August 3, 2015</u> Date of filing/registration in Florida	4. <u>L15000130740</u> Document number
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5. (a) CT Corporation System
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

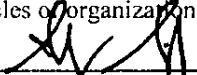
(b) Corporation Service Company
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street
NEW Registered Office Address:

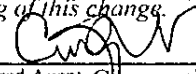
Tallahassee, FL 32301

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	Sandy Sinha _____ Printed or typed name of signee
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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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 _____ Signature of Registered Agent	Courtney Williams Asst. Vice President
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Corporation Service Company BY:
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00