

DOCUMENT# M11000001868

Entity Name: 1200 NORTH FEDERAL ASSOCIATES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

**Current Mailing Address:****New Mailing Address:**

FEI Number:  FEI Number Applied For (X) ☒ FEI Number Not Applicable ( ) ☐ Certificate of Status Desired ( ) ☐

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RASH, MARC  
Address: ONE PRESIDENTIAL BLVD.  
City-St-Zip: BALA CYNWYD, PA 19004

Title: MGRM  
Name: GLAZER, WILLIAM  
Address: ONE PRESIDENTIAL BLVD.  
City-St-Zip: BALA CYNWYD, PA 19004

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARC RASH MGR 03/14/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date