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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

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

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LLC REGISTERED AGENT CHANGE 1625 ARBORS SOUTH ASSOCIATES LLC

| Certificate of Status | 0 |
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| Certified Copy | l |
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Help

K. SALY

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

| . (27 | | (b |) |
|---|---|---|---|
| . () | Principal office address of fimited liability company (Note: MUST BE STREET ADDRESS) | y: \ |) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | c/o Draxxhall Mgt Corp., 300 Lighting Way | | c/o Draxxhall Mgt. Corp., 300 Lighting Way |
| | Secaucus, NJ 07094 | | Secaucus, NJ 07094 |
| | [1/4/2013 | | M11000005584 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | | | |
| . (11) | Registered Agent and Registered Office shown on the recor | rds of the Florida | Dept. of State: |
| | REXHALL REALTY, LLC | | |
| | Registered Office Address (MUST BE FLORIDA STR | EET ADDRESS | <u></u> |
| | 300 71ST STREET, #309 | | 18 OCT T |
| | MIAMI BEACH | FI 33141 | |
| | | _, 1 0 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Regis | | |
| | Enter name of NEW Registered Agent and/or NEW Regis | stered Office adu | Jrens: |
| | CT Corporation System | | |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | |
| | | | |
| | Plantation | FI 33324 | |
| | Plantation | _, , ь | |
| he cha gent v vas/w he art | imited liability company is not organized under the street address. The florida street address will be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of | he laws of the ess of the regis ted liability co bers of the lim of the limited I | State of Florida, it is hereby confirmed that after stered office and the business office of the registe inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in inbility company. |
| he cha gent v vas/w he art | imited liability company is not organized under the same or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the members. | he laws of the ess of the regis ted liability co bers of the lim of the limited I | State of Florida, it is hereby confirmed that after stered office and the business office of the registe mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| he cha gent vas/w he art Signa I here provis he obs | imited liability company is not organized under the sunge or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of Matthew Pulsary | he laws of the ess of the registed liability cobers of the limited I | State of Florida, it is hereby confirmed that after stered office and the business office of the registe impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. NATALIE PICKENS Printed or typed name of signee |

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