112000003883

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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07/22/13--01019--021 **25.00

2013 JUL 22 PM 1: 53
SECRETARY OF STATE

JUL 23 2013 T CLINE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-013

Re: AP2012-BERKSHIRE MANOR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

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

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

2013 JUL 22 PM 1: 53
SEGRETARY OF STATE TALLAHASSEE, FLORID!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	AP2012-BERKSHIRE	MANOR, LLC	
0 () D: :::::::::::::::::::::::::::::::::	l' -1 '11'4	ad Oak Lana Suita 3	01
2. (a) Principal office address of limited (Note: MUST BE STREET ADI		ite Plains, NY 10604	.01
(NOIE: MUST BE STREET ADE	VKESS) VIII	10004	
		11 11	
(b) Mailing address of limited liability	company: 4 R	ed Oak Lane, Suite 2	01
(Note: MAY BE POST OFFICE		ite Plains, NY 10604	
			- 50 B
07/10/2012	<u>M1</u> :	2000003883	
3. Date of filing/registration in Florida	4. D	ocument number	
			22
5. (a) Registered Agent and Registered (Office shown on the re	ecords of the Florida	
	_		
Registered Agent:	<u>Car</u>	oitol Corporate Servic	
D 1 - 1000 - A 11	155	o Office Plaza Dr., Sui	····· 55
Registered Office Address:	100 JeT	lahassee, FL 32301	ILE A T>
	<u> 1 au</u>	anassee, 1 L 52501	
		· - · ·	·····
(b) Enter name of <u>NEW Registered A</u> NEW Registered Agent:		egistered Office ad	
TAB TA			· I f
NEW Registered Office Address:)1 Hays Street	
<u>(MUST BE FLORIDA STREET)</u>			
	<u>Tal</u>	lahassee	,FL <u>32301</u>
If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered as liability company, it is hereby confirmed to the members of the limited liability compatible operating agreement of the limited liability compatible of a member or authorized representative of a	s are made, the Floridgent will be identical. hat the change(s) was any or as otherwise problity company.	a street address of th Or, in the case of a /were authorized by	ne registered office Florida limited an affirmative vote o
Dona Priebe, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registed comply with the provisions of all statutes and I am familiar with and accept the oble Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited Corporation Service Company By: Juntal Agent Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President		to act in this capac and complete perfo n as registered ager reflect a change in i s been notified in wr	ity. I further agree to rmance of my duties, thas provided for in the registered office iting of this change.

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

INHS18 (05/08)