## M1200003895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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B. BOSTICK

JUL 23 2013

EXAMINER



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#: 714327-015

Re: AP2012-BOYNTON, 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

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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 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. Na	me of the limited liability company: AP2012-BOYNT	ON, LLC		
2 (a)	Principal office address of limited liability company	· 4 Red Oak Lane, Suite 201		
(Note: MUST BE STREET ADDRESS)		White Plains, NY 10604		
	(Note: MOST DE STREET (NODICESS)	· · · · · · · · · · · · · · · · · · ·		
			<del>-</del>	
(b) Mailing address of limited liability company:		4 Red Oak Lane, Suite 201		
	(Note: MAY BE POST OFFICE BOX)	White Plains, NY 10604		
07/40/	2042	M44000000000E		
07/10/	110000000000000000000000000000000000000	M12000003895		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dep	ot. of State:	
	Registered Agent:	Capitol Corporate Services, In	ıC.	
	rtogistered rigoriti	F.	o 🖼	
	Registered Office Address:	155 Office Plaza Dr., Suite A		
	•	Tallahassee, FL 32301	프 트	<u> </u>
		35°	<del></del>	<del></del>
		် က	<b>沙 2</b>	T . <del>-</del>
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address	s: 📆	:
(-)				
	NEW Registered Agent:	Corporation Service Company		
			ാ‴ ത	
	NEW Registered Office Address:	1201 Hays Street	**	
	(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301	
		dildi lassee	,rL <u>3230 i</u>	
confir and th liabili the me the op	limited liability company is not organized under the lemed that after the change or changes are made, the Flue business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.  The of a member or authorized representative of a member	orida street address of the regical. Or, in the case of a Flor was/were authorized by an a	gistered offi ida limited ffirmative v	ote of
Printed	Priebe, Authorized Person or typed name of signee	oraa to act in this canacity	I further aco	ree to
compliand I Chapi addre Corp By:	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po ter 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company oration Service Company	pper and complete performan sition as registered agent as rely reflect a change in the re has been notified in writing	ice of my du provided fo gistered off of this chai	ties, r in fice ige.

By: \*\*Underland\*\*
Signature of Registered Agent
Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00