M09000001378

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: February 12, 2014

Order#: 964083-107

Re: 628 EAST CLEVELAND STREET - CLEARWATER LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

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

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

Pursuant to the provisions of sections 605.0114, 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.

Name of the limited liability company: 628 EAST CLEVELAND STREET - CLEARWATER LLC					
	Principal office address of limited li	ability company	y company: C/O ISTAR FINANCIAL INC.		
			NEW YORK	N\ 10036	
(b)	Mailing address of limited liability of (Note: MAY BE POST OFFICE)	company: BOX)			
/10/2	2009	_	M09000001378		
Dat	e of filing/registration in Florida		4. Document number	•	
(a)	Registered Agent and Registered O	ffice shown on t	he records of the Flor	ida Dept. of State:	
	Registered Agent:		C T CORPORATION SYSTEM		
	Registered Office Address:		1200 SOUTH PINE ISLAND ROAD		
			PLANTATION	FL 33324	
(b)		ent and/or <u>NEV</u>	V Registered Office : Corporation Service C		
NEW Registered Office Address:			1201 Have Street		
		DDRESS)			
			Tallahassee	,FL_32301	
nfirm d the bility e me e ope	ned that after the change or changes are business office of the registered age by company, it is hereby confirmed the mbers of the limited liability compareration green are of the limited liability.	are made, the Floor will be identiated the change(s) by or as otherwish lity company.	orida street address of	f the registered office	
natuk	a member or authorized representative of a m	ember		B =	
			-	SSE	
herei mply d I a apte dres	hy accent the appointment as register	lative to the pro- ations of my pos- eing filed to mer ability company	gree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in s Sylvia Queppet, Assi	acity—k further agree to formunice of my duties, gent as provided for in the Fegistered office writing of this change.	
	(a) (b) /10/2 Dat (a) (b) the lanfirm of the bility one interest matter of the days of the control of the contr	(a) Principal office address of limited limited. (Note: MUST BE STREET ADD) (b) Mailing address of limited liability of (Note: MAY BE POST OFFICE) (10/2009) Date of filing/registration in Florida (a) Registered Agent and Registered Office Address: Registered Office Address: (b) Enter name of NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET A) The limited liability company is not organifirmed that after the change or changes and the business office of the registered age bility company, it is hereby confirmed that a members of the limited liability company is operating agreement of the limited liability and accept the obligator of the provisions of all statutes register and a maintain with and accept the obligators, I have by confirm that the limited liability is a familiar with and accept the obligators, I have by confirm that the limited liability.	(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) /10/2009 Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) the limited liability company is not organized under the landirmed that after the change or changes are made, the Fled the business office of the registered agent will be identibility company, it is hereby confirmed that the change(s) are members of the limited liability company or as otherwise operations or enembers of the limited liability company or as otherwise operations or enember on a Priebe, Authorized Person and accept the obligations of my postapper 605, F.S. Or, if this document is being filed to member dress, I have by confirm that the limited liability company of the products o	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (10/2009 M09000001378 Date of filing/registration in Florida 4. Document number (a) Registered Agent and Registered Office shown on the records of the Flor Registered Agent: Registered Office Address: CT CORPORATION 1200 SOUTH PINE IS PLANTATION (b) Enter name of NEW Registered Agent and/or NEW Registered Office of the Florida Street Address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) The limited liability company is not organized under the laws of the State of Florifirmed that after the change or changes are made, the Florida street address of the limited liability company, it is hereby confirmed that the change(s) was/were authorized enders of the limited liability company as otherwise provided in the article of typed name of signee The provision of all statutes relative to the proper and complete per purply with the provisions of all statutes relative to the proper and complete per purply accept the appointment as registered agent and agree to act in this cap may be a member of a member of the limited liability company has been notified in the state of S. F. S. Or, if this document is being filed to merely reflect a change? It is the proportion that the limited liability company has been notified in the state of the state of the state of the state of the proper and complete per dates, I mareby confirm that the limited liability company has been notified in the state of the state of the proper and complete per dates, I mareby confirm that the limited liability company has been notified in the state of the state of the proper and complete per dates. I mareby confirm that the limited liability company has been notified in the state of the proper and complete per and complete per conservation.	

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