Aus deece 22cm

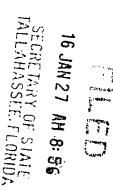
| (Req | uestor's Name) | | | | |
|---|----------------|------|--|--|--|
| (Addi | ress) | | | | |
| lbbA) | ress) | | | | |
| (City/ | State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Busi | ness Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



900280622729

01/27/16--01015--021 **35.00



JAN 28 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950498/015

Re: ATLANTIC PROPERTIES VENTURE II, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| ı. ATLA | NTIC PROPERT | TIES VENT | JRE II, LT | ΓD | |
|---|--|---------------------|------------------------|--------------------------|--|
| Name of I | Limited Partnership or Li | mited Liability Li | mited Partners | hip | |
| 2. 12/08/ | 2005 | 3. | A05000 | 0002201 | |
| Date of filing/registration in Florida | | | Florida document numbe | | |
| 4. The name of the registere Department of State: | d agent and the registered | d office address as | shown on the | records of the Florida | |
| | Robert I | Esposito | | | |
| | Na | nme | | | |
| 201 E. Las Olas Blvd, 7th Floor | | or | | | |
| Address | | | | | |
| F | t.Lauderdale, FL 3 | 33301 | | | |
| | City, Stat | te and Zip | | = | |
| 5. The name and Florida stre | eet address of the new reg | gistered agent and | or office: | 16 J SECR ALLA | |
| | Corporation Se | rvice Compar | ıy | HE AN | |
| | Na | ıme | | 27 Viry SSEI | |
| | 1201 Hays Street | | | | |
| | Florida street address (I | P.O. Box not accep | otable) | AM 8: OF SE | |
| | Tallahassee | FL | 32301 | | |
| | City, Stat | te and Zip | | A A | |
| 6. Such change(s) is/are of | eti-schen filed by the F | lorida Departmen | t of State. | | |
| 100 | | Dona Priebe, A | uthorized Pers | son on behalf of | |
| Signature of General Partner | | Atlantic Proper | rties Investors | II, LLC, General Partner | |
| I hereby accept the appointness of and I am familiar with an accorporation Set By: Signature of Registered Age | f all statutes relative to the cept the obligations of m | he proper and con | iplete perform | | |
| Sylvia Queppet, Asst. Vice | President | | | | |
| Filing Fee: | \$35.00 | | | | |
| Certified Copy (option | al): \$52.50 | | | | |