Current mai	ing Address.			
	ONE, 1001 CONSHOHOCKEN STATE ROAD, S SHOHOCKEN, PA 19428 US	SUITE 2-201		
FEI Number	: 45-2420427		Certificate of Status Desired:	No
Name and A	ddress of Current Registered Agent:			
C T CORPORA 1200 SOUTH P PLANTATION,	INE ISLAND ROAD			
The above named	I entity submits this statement for the purpose of changing its regist	ered office or regis	tered agent, or both, in the State of Florida.	
	l entity submits this statement for the purpose of changing its registers COMPANIENTIN BOLDEN, ASSISTANT SECRETAR	0		5/2023
		0	05/1	5/2023 Date
SIGNATURE	RISTIN BOLDEN, ASSISTANT SECRETAR	0	05/1	
SIGNATURE Authorized	Electronic Signature of Registered Agent	0	05/1	
SIGNATURE Authorized ^{Title}	KRISTIN BOLDEN, ASSISTANT SECRETAR Electronic Signature of Registered Agent Person(s) Detail :	<u>₹</u> Υ	05/1 AUTHORIZED MEMBER 1200 NORTH FEDERAL SP OWNER	
SIGNATURE Authorized	KRISTIN BOLDEN, ASSISTANT SECRETAR Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT	RY Title	05/1. AUTHORIZED MEMBER 1200 NORTH FEDERAL SP OWNER LLC C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD,	
SIGNATURE Authorized Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED AGENT FRESIDENT GLAZER, WILLIAM C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD,	Title Name	05/1 AUTHORIZED MEMBER 1200 NORTH FEDERAL SP OWNER LLC C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLAZER, WILLIAM

PRESIDENT

05/15/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

Person(s) Detail

Secretary of State 6516572174CC

FILED May 15, 2023

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001868

Entity Name: 1200 NORTH FEDERAL ASSOCIATES, LLC

Current Principal Place of Business:

C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201 WEST CONSHOHOCKEN, PA 19428

Current Mailing Address: