

**2019 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M11000001868

**Entity Name:** 1200 NORTH FEDERAL ASSOCIATES, LLC**Current Principal Place of Business:**1200 N FEDERAL HIGHWAY  
STE 200  
BOCA RATON, FL 33432**Current Mailing Address:**125 E ELM  
STE 400  
CONSHOHOCKEN, PA 19428 US**FEI Number:** 45-2420427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KRISTIN BOLDEN, ASSISTANT SECRETARY

06/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	EX VP
Name	RASH, MARC
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	CEO
Name	GLAZER, WILLIAM
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	CFO
Name	CRIGER, TIM
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	TREASURER
Name	GERWITZ, HERMAN
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	CORPORATE CONTROLLER
Name	HUGHES, JOSEPH
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	TREASURY CONTROLLER
Name	RHODES, RIVA
Address	125 E ELM STE 400
City-State-Zip:	CONSHOHOCKEN PA 19428

*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:** RIVA RHODES**TREASURY CONTROLLER** 06/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date