| A11103 | | | | |
|---|--|--|--|--|
| (Requestor's Name) (Address) (Address) | 400301023354 | | | |
| (City/State/Zip/Phone #) | 01/17/1801015018 ★*35.00 | | | |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | |
| Office Use Only | BUNSION OF CORPORATIONS 18 JAN 17 AM 11: 06 | | | |
| | B FIGUEROA JAN 1 8 2010 | | | |



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: January 10, 2018

Order#: 985074/015

Re: LAKE EAST II ASSOCIATES, LTD.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$<u>35.00</u>.

Please take the following action:

| <u>XX</u> | File in your office on a routine basis. |
|-----------|--|
| XX | Issue Proof of Filing. |
| <u>XX</u> | Return Regular Mail in the enclosed envelope |

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive 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.

| 1 | LAKE EAST II ASSOCIATES, LTD. | | | | |
|----|--|-------------------------|--------|--|--|
| | Name of Limited Partnership or Limited Liability Limited Partnership | | | | |
| 2. | 09/02/1981 | 3. | A11103 | | |
| | Date of filing/registration in Florida | Florida document number | | | |
| | | | | | |

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

| ANSBACHER & SCHNEIDER, P.A. | | | | |
|-----------------------------|----|-------|--|--|
| Name | | | | |
| 5150 BELFORT RD. | | | | |
| Address | | | | |
| JACKSONVILLE | FL | 32256 | | |
| City Chats and Ti- | | | | |

City. State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

City, State and Zip

32301

FL

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

Jil Cilmi, Vice President on behalf of NDC Realty Investments, Inc., General Partner I heraby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Corporation Service Company By: \mathcal{O} nn e Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

| Filing Fee: | \$35.00 |
|----------------------------|---------|
| Certified Copy (optional): | \$52.50 |

FILED STATE