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ACCOUNT NO. : I2000000195

REFERENCE : 061641

COST LIMIT :

ORDER DATE: January 16, 2012

ORDER TIME : 12:01 PM

ORDER NO. : 061641-013

CUSTOMER NO: 7232314

CHANGE OF AGENT

NAME: REGATTA REALTY CORP. IV

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Delaw cred agent, or both, in the State of Florida.		-	
1. The name of	the corporation: REGATTA REALTY	CORP. IV			
2. The principal	l office address:				
1251 Aver	nue of the Americas, 35th Floor, New	York, NY 10020			
3. The mailing a	address (if different):				_
4. Date of incor	poration/qualification: 12/15/2000	Document number: F00000006976			_
	d street address of the current registered agriment of State:	gent and registered office on file with the			
	NRAI Services, Inc.				
	515 E. Park Avenue				
	Tallahassee, FL 32301		TAL 32	12	
6. The name and (if changed):	t (if changed) and /or registered office		हिस अ	-	
	Corporation Service Company			3	1
	1201 Hays Street		मी का कि कर	Ŋ	
	(P.O. Box NOT acceptable)				
	Tallahassec, FL 32301		\$4·		
The street addreas changed will	ess of its registered office and the street a be identical.	address of the business office of its registe	ered agent	t,	
Such change was	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer lifted in writing of the change.	so		
Mai	Maureen Cathell, Vice President				
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change. on Service Company	(Printed or typed name and title) I agree to act in this capacity, ttes relative to the proper and complete po gation of my position as registered agent, registered office address, I hereby confir 01/25/2012	erformand Or, if th m that th	e is e	
	gnature of Registered Agent)	(Date)			
If signing on be	chalf of an entity:				
Elizabeth A. I	Dawson, Asst. Vice President				
(1	Typed or Printed Name)				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *