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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE AUBURNDALE PROPERTIES, INC.

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CT CORPORATION

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AUBUINDANE Properties, Inc.

Name of Corporation

DOCUMENT NUMBER: F0300000709

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Tara Bowen
Name of Contact Person

Auburndale Properties, Inc.

50 Tice Bowlevard, Suite 320

Woodcliff Lake, NJ 07677
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Bowen
Name of Contact Person

at (201) 930 - 8800 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MUSSACHUSE VIS
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Auburndale Properties, Inc.
2. The principal office address: 50 Tice BOULEVARD, SUITE 320
Woodeliff Lake, NJ 07477
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/12/2003 Document number: F0300000709
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Jeffrey Safchik
26015 Bayshore Drive
Coconut Grove, FL 33133
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT ecceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Tara Bowen, Secretary Signature of an orthograf director Tara Bowen, Secretary Printed or typed name and title
I hereby 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 duites, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: 2/2/2013
Signature of Rogisterso Aparti
If signing on behalf of an analy Secretary
Typed or Printed Name
* * * FILING PEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DIPPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2B045 (63/12)

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