

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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REGISTERED AGENT CHANGE NTS REALTY CAPITAL, INC.

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March 12, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NTS REALTY CAPITAL, INC. 600 N. BURSTBOURNE PARKWAY SUITE 300 LOUISVILLE, KY 40222

SUBJECT: NTS REALTY CAPITAL, INC.

REF: F04000006480

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

		02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Delawace	
		tered agent, or both, in the State of Florida.	
	f the corporation: NTS REALTY CAPITAL	L, INC.	
2. The principa	al office address:		_
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 11/15/2004	Document number: F04000006480	<u> </u>
	nd street address of the current registered a artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLAND ROAD	N A SE	
	PLANTATION, FL 33324	The second secon	· ~
6. The name ar (if changed)	nd street address of the new registered age	nt (if changed) and /or registered office	FILED PM 3: 14
	C T Corporation System		بي
	c/o C T Corporation System, 1200 South F	Pine Island Road	-
	P.O. Box. NO	l'acceptable T	
	Plantation, Florida 33324		
_		address of the business office of its registered agent,	
Such change wanthorized by	ras authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
	Die of en ditieer of director	Ryan Kenigsberg, Socretary	
I hereby accept further agree performance of agent. Or, if it hereby confirm	it the appointment as registered agent and to comply with the provisions of all state in a duties, and I am familiar with and a list document is being filed merely to reflect that the corporation has been notified it.	d agree to act in this capacity. d agree to act in the proper and complete accept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
By: K-TW	Phrapier, Systom Kristin Bolden Assistant Secretary	3/5/2014	
If signing on b	chalf of an entity:		
Kristin Bolden,	Assistant Secretary		
	Typed or Printed Name		
	* * * PILING PP	R- 535 AA * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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