F0600007002

(Requestor's Name)				
(Address)				
•				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(During on Entity Many)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
•				
Special Instructions to Filing Officer:				

Office Use Only



300219531273

RECEIVED
12 FEB 13 PM 1: 53

SECURE INSTITUTE OF THE STATE O





CORPORATION SERVICE COMPANY"

ACCOUNT NO. : I2000000195

REFERENCE : 061640

7232314

AUTHORIZATION :

COST LIMIT : \$ \(\frac{4}{5} \).

ORDER DATE: January 16, 2012

ORDER TIME : 12:53 PM

ORDER NO. : 061640-065

CUSTOMER NO: 7232314

CHANGE OF AGENT

NAME:

ARLINGTON NORTHWOODS

APARTMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX 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 che	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of Mary ered agent, or both, in the State of Florida.	land	
1. The name of	the corporation: ARLINGTON NORT	HWOODS APARTMENTS, INC.		
2. The principal	office address:			
1251 Aven	uc of the Americas, 35th Floor, New	York, NY 10020		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/08/2006	Document number: F06000007002	2	
	d street address of the current registered agreement of State:	gent and registered office on file with the		
	NRAI Services, Inc.	-		
	515 E. Park Avenue		TAL SE	
	Tallahassee, FL 32301		2 FEB	
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	13 R	
	Corporation Service Company		がから	
	1201 Hays Street			
•	(P.O. Box NOT acceptable)		·	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered agent,	
Such change wa authorized by th	/ / /	by its board of directors or by an officer lifted in writing of the change.	r so	
11 /400	ire of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)		
l further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the obli- ng filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this irm that the	
By: Corporation	on Service Company	01/25/2012 (Date)		
f signing on be	half of an entity:	(Date)		
Elizabeth A. I	Dawson, Asst. Vice President			
(1	yped 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 * * *

5