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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERSTATE COMMERCIAL REAL ESTATE, INC
Name of Corporation

DOCUMENT NUMBER: F07000001132

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:

MICHAEL M. KENNEY, REGISTERED AGENT

Name of Contact Person

INTERSTATE COMMERCIAL REAL ESTATE

Firm/Company

5844 ST. ANNES WAY

Address

BOCA RATON, FL 33496

City/State and Zip Code

phennessy@ic-re.com

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

For further information concerning this matter, please call:

Patrick Hennessy

Name of Contact Person

at (856) 439-9200

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INTERSTATE COMMERCIAL REAL ESTATE, INC
2. The principal office address: 14000 HORIZON WAY, SUITE 100, MT LAUREL, NJ 08054

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/27/1992 Document number: F07000001132

5. 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)

MICHAEL M KENNEY

353 SW 14TH PLACE

BOCA RATON, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MICHAEL M KENNEY


5844 ST ANNES WAY

P.O. Box NOT acceptable

BOCA RATON, FL 33496

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.

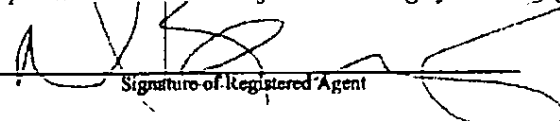


Signature of an officer or director

John P. Silvestri
President

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 duties, 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.



Signature of Registered Agent

2/25/21

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)