F99000001967

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Dusiliess Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. V .

ACCOUNT NO. : 12000	0000195
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	7 4321791
AUTHORIZATION DE LA COMPACIDADE	ad .
COST LIMIT : \$ 35.	
ORDER DATE : May 12, 2015	
ORDER TIME : 12:40 PM	
ORDER NO. : 625647-010	
CUSTOMER NO: 4321791	
CHANGE OF AGENT	
NAME. MEMBADIES INC	
NAME: METROPLEX, INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF	ETI TNO.
	LITING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Lydia Cohen	

EXAMINER'S INITIALS: _

COVER LETTER

Division	n of Corporations	
SUBJECT:	Metroplex, Inc.	
SOBJECT	Name of Corp	poration
DOCUMENT I	F9900001967 NUMBER:	· · · · · · · · · · · · · · · · · · ·
The enclosed St	atement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Sofia Frrokaj	
	Name of Contact	ct Person
	Related Companies	·
	Firm/Comp	pany
•	60 Columbus Circle	
	Addres	s
	New York, NY 10023	
	City/State and Z	Zip Code
	sofia.frrokaj@related.com	
	E-mail address: (to be used for futu	re annual report notification)
For further infor	rmation concerning this matter, please call	l:
Sofia Frrokaj		212 801-3775 at ()
1	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

TO:

Amendment Section



statement of ch	e provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the la	ws of the State of Illino	ois	
1. The name of	the corporation: Metroplex, Inc.				
2. The principa	l office address: c/o Related Companie	es, 60 Columbus Ci	rcle, New York, NY 10	023	
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 04/15/1999	Document	number: F990000019	967	
5. The name an	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and register			
	CT Corporation System				
	1200 South Pine Island Road			भवं	
	Plantation, FL 33342			空的	YAM 6
6. The name an (if changed):	nd street address of the new registered a	agent (if changed) ar	nd /or registered office	ASSET C	12 2
	Corporation Service Company			SE	
	1201 Hays Street			原語	0
	P.O. Box	NOT acceptable	··············		
	Tallahassee	FL	32301		
as changed will					gent,
Such change wanthorized by	vas authorized by resolution duly ador the board of the corporation has been	oted by its board of notified in writing	directors or by an offic of the change.	cer so	
Mu	dul Mhenne	By: Michael J.	Brenner, EVP		
I hereby accept further agree performance of agent. Or, if thereby confirm Corporations:	ture of interior or director of the appointment as registered agent to comply with the provisions of all s of my duties, and I am familiar with an his document is being filed merely to that the corporation has been notifie on Service Company ignature of Registered Agent pehalf of an entity:	and agree to act in statutes relative to to nd accept the obliga reflect a change in t ed in writing of this	this capacity, this capacity, the proper and completion of my position as the registered office achange. JASS. Voc. President Date	te registered ddress, I	- !
	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 (03/12)