## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

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.

Bmail Address:

 $\overline{\mathbf{c}}$ 

## LLC REGISTERED AGENT CHANGE FIRST STATES INVESTORS 77, LLC

Certificate of Status	0
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B. BOSTICK

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AUG 21 2013

EXAMINER

8/20/2013

## COVER LETTER

COAF	KLETTER	
TO: Registration Section Division of Corporations		
SUBJECT: FIRST STATES INVESTORS 77, LLC		
	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fcc(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
,	Ū	
Name of Person	<del></del>	
Firm/Company		
Address		20
	Lê: Le: Ari	1013 AUG 20
City/State and Zip Code	SA ERY	•
E-mail address: (to be used for future annual report notificate		AKII: I4
,	교 :	••
For further information concerning this matter, ple	ase call:	Ł
at (		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314	
Enclosed is a check for the following am	ount:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orderent, or both, in the State of Florida.	08, Florida Statutes, the ward of the control of th	ndersigned limited Office or registered
1. Name of the limited liability company: FIRST STATES I	NVESTORS 77, LLC	
<ol> <li>(a) Principal office address of limited liability company (<u>Nate: MUST BE STREET ADDRESS</u>)</li> </ol>	y: 1345 Avenue of the Americas, 4 New York, NY 10105	16th Floor
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1345 Avenue of the Americas, New York, NY 10105	16th Floor
11/20/2002	1.02000031297	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	ept. of State:
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	2013
		A: G
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addre	SS 20
NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address:	1200 South Pine Island Road	<u> </u>
(MUST BE FLORIDA STREET ADDRESS)	Plantation	FL 3332#

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized repri entitive of a member

Printed or typed name of signed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

INHS18 (05/08)