2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000062457

Entity Name: CHC-CLP TENANT HOLDING, LLC

FILED Oct 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

44 SOUTH BROADWAY 4 WEST RED OAK LANE

SUITE 614 SUITE 201 WHITE PLAINS, NY 10601

WHITE PLAINS, NY 10604

Current Mailing Address: New Mailing Address:

44 SOUTH BROADWAY 4 WEST RED OAK LANE SUITE 201 SUITE 614

WHITE PLAINS, NY 10601

WHITE PLAINS, NY 10604

FEI Number: 20-1546150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REBACK, P.A., JOSEPH L FOUR SÉASONS TOWER, 1441 BRICKELL AVENUE 15TH FLOOR MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH REBAK

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

STOLZBERG, MAXWELL STOLZBERG, MAXWELL Name: Name: Address: 44 SOUTH BORADWAY, SUITE 614 Address: 4 WEST RED OAK LANE City-St-Zip: WHITE PLAINS, NY 10601 City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAXWELL STOLZBERG 10/14/2009