## L06000008640

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PICK-UP WAIT MAIL						
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SECRETARY CONSTANT

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 13, 2017

Order#: 948812/070

Re: ARMSTRONG REUNION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Fursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	ARMSTRONG I	REUNIC	N, LLC	
2. (	(a)	One Armstrong Place		(b	)	
	(/ .	Principal office address of limited lia (Note: MUST BE STREET A				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Butler	P# 16001	<del>-</del>		
		01/20/2006			L0600000	08640
3.		Date of filing/registration in	: Florida	4.		Document number
5.	(a)	NRAI Services, Inc				
•	\- <i>,</i>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1200 South Pine Island Road				
		Registered Office Address (MUST BE F	LORIDA STREET A	<u>DDRESS</u>	2	-
		Plantation	, FL_	33324		-
		T. G. Maria	, 1 15_	00027		
	(b)	Corporation Service Company				
	(-)	Enter name of NEW Registered Agent and/	or <u>NEW Registered</u> (	Office add	iress:	FIL. DEC 29 MASSES
		1201 Hays Street				
		NEW Registered Office Address:				PH 4: 42 PLORIDA
		Tallahassee		32301		<i>₹</i> <b>N</b>
the age was	cha nt w s/we	nge or changes are made, the Florida vill be identical. Or, in the case of a I	zed under the law street address of Florida limited lia of the members of	es of the the regis bility co f the lim limited l	stered office impany, it i ited liabilit iability con	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Orized Person
S	ignar	are of a member or authorized representative	of a member	JIII C	ziimi, Aumo	Printed or typed name of signee
pro the to n not.	visio obli nere ifiea	ov accept the appointment as register ons of all statutes relative to the proping at the proping	per and complete pagent as provided office address, I h	performo I for in C ereby co	ance of my Chapter 605 Onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been