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Office Use Only



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: November 12, 2013

Order#: 880050/009

Re: 7663 FENWICK PLACE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Evelyn Wright

c/o Corporation Service Company

2711 Centerville Road, Suite 400

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

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

I. Na	me of the limited liability company: 7663 FENWICK	PLACE LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 6800 Broken Sound Parkway Suite 200			
		Boca Raton, FL	334	487	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6800 Broken Sound Parkway Suite 200 Boca Raton, FL 33487			
06/23/	2008	1.00000004330			
		L06000064330			
J. Dai	e of fining/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dep	t. of St	ate:	
	Registered Agent:	Marc H. Bell			
Registered Office Address:	Registered Office Address:	6800 Broken Sound Parkway Suite 200	<u> 25</u>	2013	City
		Boca Raton, FL	334	<u> </u>	—— ì
		Doca (Valor), 1 E	(Or	, , , , , , , , , , , , , , , , , , ,	CLAP
41	E . Chronin			4	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	V Registered Office address	** ,*	70	2-7
	NEW Registered Agent:	Corporation Service Company		PH =	<u> </u>
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	57	08	
		Tallahassee	_,FL_3	2301	
confirr and the liabilit the me the ope	imited liability company is not organized under the I med that after the change or changes are made, the Fle business office of the registered agent will be idently company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an at	istered da limi ffirmati	office ted ve vot	e of
Signatur	of a member or authorized representative of a member	<u>.</u>			
Printed	VAARL H. A.F.L. managing member	-			
I here comply and I d Chapte addres By:	by accept the appointment as registered agent and a with the provisions of all statutes relative to the proving the familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to men s. I hereby confirm that the limited liability company	gree to act in this capacity. I per and complete performan ition as registered agent as p ely reflect a change in the re has been notified in writing	further ce of my rovided gistered of this o	agree v dutie d for i d offic change	e to es, n e e
Signatur	e of Registered Agent Corporation Service Company	Grace E. Kirby, Assistant VF	,		
	Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314			

FILING FEE: \$25.00