

L06000071315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

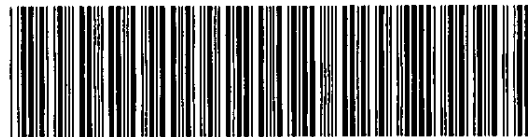
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261459308

07/02/14--01001--011 **25.00

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 JUL -2 AM 9:58

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

14 JUL -2 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 03 2015

OT LEMIEUX

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **07/02/2014**

REF. #: **9198352**

CORP. NAME: **SEMLAK LOT 2 LLC**

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT FILING | | |

STATE FEES PREPAID WITH CHECK# 70022922 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$**_____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

Pursuant 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. Name of the limited liability company: Semlak Lot 2 LLC

2. (a) C/O RUDCO PROPERTIES, INC. (b) C/O RUDCO PROPERTIES, INC.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

365 WEST PASSAIC STREET-SUITE 275

ROCHELLE PARK, NJ 07662

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

365 WEST PASSAIC STREET-SUITE 275

ROCHELLE PARK, NJ 07662

07/18/2006

L06000071315

3. Date of filing/registration in Florida 4. Document number

5. (a) UCC Filing & Search Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1574 Village Square Blvd., Suite 100

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32309

(b) NRAI Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

1200 South Pine Island Road

NEW Registered Office Address:

Plantation, FL 33324

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.

Michele Holden
Signature of a member or authorized representative of a member

Michele Holden, Attorney-In-Fact

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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 605, F.S. Or, if this document is being filed 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.

Michele Holden
Signature of Registered Agent Michele Holden, Asst. Secretary

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

APPROVED
AND
FILED
14 JUL -2 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Rudco Properties ("the company"), registered under the laws of Delaware, does hereby appoint Katie Wonsch and Michele Holden (but only for so long as each of them, respectively, remains an employee of CT Corporation or National Registered Agents, Inc) as attorney-in-fact for the company to act for the Limited Liability Company and affiliates and subsidiaries of the company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Limited Liability Company's and Subsidiaries' names for the limited purposes authorized herein.

The Limited Liability Company and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, and forms of similar import on behalf of the Limited Liability Company and Subsidiaries in any state and the District of Columbia.

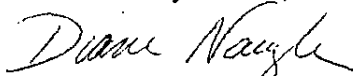
This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 25th day of June, 2014.



Christopher E. Hagens, EVP & COO

Sworn to and subscribed before me
this 25th day of June, 2014.



Notary Public, State of New Jersey
Commission Expires:

DIANE L. NAUGLE
NOTARY PUBLIC, STATE OF NEW JERSEY
NO. 2431617
MY COMMISSION EXPIRES MARCH 22, 2018