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| (Re | equestor's Name) | _ | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies | Certificates | s of Status | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: December 31, 2015

Order#: 911804/047

Re: APARTMENT REALTY ADVISORS OF FLORIDA, 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:Lindsey Lockard 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

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. | Na | me of the limited liability company: APARTMENT RE | EALTY A | ADVISORS | OF FLORIDA, LLC |
|---------------|-------------------------|---|---|--|--|
| 2 | (a) | 750 Park of Commerce Boulevard | _ (b | 1 | |
| ٠. | (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0, | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Suite 230 | | | |
| | | BOCA RATON FL 33487 | _ | | |
| | | 09/11/2006 | | L0600008 | 9215 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | APARTMENT REALTY ADVISORS | | | |
| | ` ' | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of State | : |
| | | 750 PARK OF COMMERCE BOULEVARD | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS. | <u> </u> | |
| | | | | | |
| | | DOCA DATON | 00.107 | | |
| | | BOCA RATON , FL_ | 33487 | | 37 g+ 1 1 |
| | (b) | Corporation Service Company | | | Service Control of the Control of th |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered (| Office add | lress: | |
| | | | | | 10 9: 4 9: 4 |
| | | 1201 Hays Street | | | 5 · · · · · · · · · · · · · · · · · · · |
| | | NEW Registered Office Address: | | | |
| | | | | | |
| | | | | | |
| | | Tallahassee , FL | 32301 | | |
| the ag | e cha ent v as/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited liab ire authorized by an affirmative vote of the members of | the regis bility co f the lim | stered office impany, it is ited liability | and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in |
| tn | e arti | cles of organization or the operating agreement of the l | | | · · · · · · · · · · · · · · · · · · · |
| _ | Siana | are of a member of a thorized representative of a member | Don | a Priebe, Ai | Printed or typed name of signee |
| I pr th | here ovisi e obl | ey accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change | ee to act performe I for in C ereby co | in this cape ance of my c Chapter 605 onfirm that i | acity. I further garee to comply with the |
| Si | griatu | re & Registered Agent Corporation Service Company | BY: Sy | ylvia Quep | pet, Asst. Vice President |

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