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Toll Free (800)899-8648 Voice (518)694-4414 Fax (518)432-0408

February 6, 2015

RE: 852 Collins Acquisitions, LLC

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom it may concern:

Enclosed please find a statement of change of registered agent for the above together with our check to the Florida Department of State for 25.00.

Please file on an routine basis, forwarding a stamped copy as appropriate evidence to the attention of the undersigned, via regular mail.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-877-894-9049 for specific instructions.

Thank you.

Sincerely,

Dolores Burton

db

Enclosure

Our ID # THOR136096

ores, but

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.

i. Na	ume of the limited liability company: 852 COLLINS	S AC	QI	JISITIONS	S, LLC			_
2. (a)	c/o Thor Equities, LLC			c/o Tho	r Equities, LLC			
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠,	Mailing address of limited liability of (Note: MAY BE POST OFFICE)			•	-
	25 West 39th Street			25 West 39th Street			<u> </u>	-
	New York, NY 10018	****		New Yo	rk, NY 10018	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
	6/28/2007			L070000	067967			
3.	Date of filing/registration in Florida	4.			Document number			-
5. (a)	NRAI Services, Inc.							
J. (U)	Registered Agent and Registered Office shown on the records of	the Flo	rid	Dept. of Stat	- e:			
	1200 South Pine Island Road							
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ES.	2)				
	Plantation , FI	333	24		_	SECRI TALLAI	15 FEB	
(b)	United Corporate Services, Inc.				_	RETARY AHASSEI	B 19	FILED
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>a</u> (dress:	_	;'' <u>○</u>	PH	
	9200 South Dadeland Blvd Suite 508					FSTATE	ဒ္	
	NEW Registered Office Address:				-	IDA A	9	
	Miami	331	56		_			
the chi agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of f the r iabilit of the	the eg y c lir	State of Fl stered offic ompany, it inited liability	e and the business official is hereby confirmed that ty company or as otherwapany.	e of the reg t the chang	gistere c(s)	d -
_	nure of a member or authorized representative of a member	_	_		Printed or typed name of si	_		_
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change	ree to e perfé ed for hereb	acorn tn tn	t in this cap vance of my Chapter 60 confirm that	pacity. I further agree to duties, and I am familio 5, F.S. Or, if this docum the limited liability con	o comply w ir with and ient is bein ipany has i	rith the laccep ng filea been	f