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ACCOUNT NO. : I2000000195 REFERENCE : , 224163) AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: May 31, 2012 ORDER TIME : 9:47 AM ORDER NO. : 224163-015 CUSTOMER NO: 7590692 CHANGE OF AGENT NAME: TWENTY SEVEN EAST LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

COVER LETTER

Division of Corporations		
SUBJECT: TWENTY SEVEN EAST, L		
(Name	e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
Allyson Mashek		
(Name of Person)		
Twenty Seven East, LLC		
(Firm/Company)		
One North Clematis Street, Suite 320		
(Address)		
West Palm Beach, FL 33401		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Allyson Mashek	at (561) 655-5118	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INH\$18 (5/08)

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.

1. Name of the limited liability company: TWENTY SEV	/EN EAST LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	One North Clematis Street, Suite 320 West Palm Beach, FL 33401
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One North Clematis Street, Suite 320 West Palm Beach, FL 33401
11/19/2009	L09000111787
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a methiter or authorized representative of a member) ALLYSON MASHEK, MANAGING MEMBER (Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the profuse of am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cheonfirm that the limited liability company has been notified	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the

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

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By: (Signature of Registered Agent) Corporation Service Company