## LID000025503

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RAROCHS (105.5.15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscqlobal.com

Date: April 24, 2015

Order#: 584184/190

Re: RATIONAL REAL ESTATE XV, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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.

2. (a)	615 Merrick Avenue	(b)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Westbury N\ 11590			
	03/05/2010	L1(	0000025503	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2815 A	7
	PLANTATION , F	L <u>33324</u>	APR 28	FILE
(b)	Corporation Service Company			عرات: عرات:
` ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	3. <b>0</b> 5	PA US LIVE
	1201 Hays Street		<b>O</b> ***	
	NEW Registered Office Address:			
	Tallahassee F	L 32301		
the ch agent was/w	limited 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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compared the limited le imited liability	d office and the business office of the registe my, it is hereby confirmed that the change(s) liability company or as otherwise provided it	ered )
Sign	ature of a number or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to men notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provided in writing of this change,	ree to act in the e performance ed for in Chapi hereby confiri	his capacity. I further agree to comply with of my duties, and I am familiar with and ac ter 605, F.S. Or, if this document is being fi m that the limited liability company has bee	the cepi led n

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