L10000036509

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| 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: Ellen Rosaio erosaio@cscinfo.com

Date: June 20, 2014

Order#: 170684/015

Re: 2500 LAS OLAS, 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:Ellen Rosaio 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: 2500 LAS OLAS | , LLC | |
|--|--------------------------|---|--|---|
| 2 | (a) | 440 Isle of Palms, ATTN: Donald Segal | (b) | 440 Isle of Palms, ATTN: Donald Segal |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Ft. Lauderdale FL 33301 | - | Ft. Lauderdale,FL,33301 |
| | | 04/05/2010 | _ | L10000036509 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | Segal, Donald Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State: |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | | 440 Isle of Palms | | |
| | | Ft. Lauderdale , FL | 33301 | |
| | (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered of 1201 Hays Street | Office add | THE STATE 1 1 1 1 1 1 1 1 1 |
| | | NEW Registered Office Address: | | |
| | | | 32301 | |
| th ag w | e cha gent v as/wo | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regis bility co f the limi | tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| | /s. | / Philip Matrone | Phili | p Matrone, Authorized Person |
| | Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| th to | ovisi e obl meri | by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. | ee to act performa I for in C sereby co | in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been |
| - | ianatu | re of Registered Agent Corporation Service Company | RV: St | VIvia Queppet, Assistant Vice President |

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