## 11/000043/30

(Requestor's Name)				
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(D	ocument Number	)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
	379.4			
DEC 1 8 2010 A. LUNT				

Office Use Only



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2 DEPTRIMENT OF STATE



IUN SEKAIGE CUMPANI						
	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	930048	7579688		
	AUTHORIZATION	:		nelsele,	an a	
	COST LIMIT	:	\$ 25.00	· · · · · · · · · · · · · · · · · · ·		_
ORDER DATE : D	ecember 17, 201	3			<b>.</b>	
ORDER TIME :	2:0 PM					· \ \
ORDER NO. : 9	30048-005					Seman Seman Prof.
CUSTOMER NO:	7579688				1	1
	<b>.</b>					
	CHANGE OF A	GEN	<u>T</u>		2 2	
NAME: CC DORAL PEBBLEWALK, LLC						
PLEASE RETURN T	HE FOLLOWING AS	PR	OOF OF FILE	ING:		
CERTIFI XX PLAIN S	ED COPY TAMPED COPY					
CONTACT PERSON:	Susie Knight		EXT# 52956 EXAMINER:			
			EARMINEK:			

## **COVER LETTER**

_	sion of Corporations		·		
SUBJECT:	CC Doral Pebblewalk, LLC				
	Name of	f Limited Li	ability Company		
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	Office Char	nge and fee(s) are submitted	for filing.	
Please return	all correspondence concerning	g this matte	r to the following:		
Courtney Mer	rlo			5 cz 5 cz 5 cz 1 cz	2913[
	Name of Person			** * * * * * * * * * * * * * * * * * *	馬
				¥1.	1
Ares Manage	ment LLC			1 1	]rtm
	Firm/Company				
60 Columbus	Circle, 20th Floor				63 63
	Address				
New York, Ne	ew York				
	City/State and Zip Code				
CMerio@ares	smgmt.com				
E-mail add	ress: (to be used for future annual repor	t notification)	<del></del>		
For further in	nformation concerning this ma	tter, please	call:		
Courtney Mer	rlo	212 at (	515-3340		
	Name of Person	\	Area Code & Daytime Telephone	Number	_
STRE	EET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section Registration Section				
Divisi	ion of Corporations		Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		
Tallal	hassee, Florida 32301				
Encl	osed is a check for the follow	ing amoun	t:		
<b>□</b> \$2	5 Filing Fee		\$55 Filing Fee & Certified	Copy	

## 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. Na	me of the limited liability company: CC Doral Peb	olewalk, LLC			
2 (4)	Principal office address of limited liability some	2 Manhattanvilla Bood, Sv	ita 202		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Purchase, NY 10577			
	(Hole, MOST BE STREET ADDRESS)	Pulchase, 147 10377			
(b)	Mailing address of limited liability company:	2 Manhattanville Road, Su	ite 203 · · · · · · · · · · · · · · · · · · ·		
	(Note: MAY BE POST OFFICE BOX)	Purchase, NY 10577	) : T		
	(Note: MAT BE TOST OFFICE BOX)	Turchase, 141 103/1	<del></del>		
			<del></del>		
			[""] ("		
April 1	1, 2011	L11000043130	TL TL		
3. Da	te of filing/registration in Florida	4. Document number	12 m		
	<i>y y</i>				
5 (a)	Registered Agent and Registered Office shown or	s the records of the Clarida I			
J. (a,	registered Agent and Registered Office snown of	i the records of the Florida i	Jept. of State:		
	Dogistand Agant.	K Lawrence Cons			
	Registered Agent:	K. Lawrence Gragg			
	D 1. 1000 + 11	000 0 0			
	Registered Office Address:	200 S. Biscayne Boulevard, Suite 4900			
		Miami, Florida 33131			
			·		
(b)	Enter name of NEW Registered Agent and/or N	EW Registered Office add	ress:		
	<u>NEW</u> Registered Agent:	Corporation Service Comp	any		
	NEW Registered Office Address:	1201 Hays Street			
	(MUST BE FLORIDA STREET ADDRESS)				
		Tallahassee	,FL 32301		
confirmand the liabilithe method the op	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ide ty company, it is hereby confirmed that the change embers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by a	registered office lorida limited n affirmative vote of		
Kaith L	Kooper				
	or typed name of signee				
$\Sigma$	by accept the appointment as registered agent and y with the provisions of all statutes relative to the part familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to it is, thereby confirm that the limited liability compared of Registered Agent Compared to Registered Agent Compared to Service Compared to the confirmation to the con	agree to act in this capacity roper and complete perform to still on as registered agent a change in the my has been my has been my has been my has been been been to write the control of	o. I further agree to nance of my duties, as provided for in e registered office ng of this change.		
-រុត្តរដេប	Corporation Service Company				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00