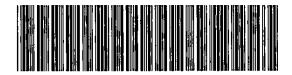
## 1100048143

| (Requestor's Name)                      |                    |           |  |  |  |  |
|---|--------------------|-----------|--|--|--|--|
| (Address)                               |                    |           |  |  |  |  |
| (Address)                               |                    |           |  |  |  |  |
| (Ci                                     | ty/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: Ami Casper

ami.casper@cscglobal.com

Date: November 2, 2015

Order#: 812747/015

Re: CHELSEA PROPERTY GROUP, 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:Ami Casper 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.

| I. Na  | une of the limited liability company: CHELSEA PROP  | ERTY C                                       | SROUP, LLC   |   |  |  |  |
|--|---|--|--|---|--|--|--|
| 2 (a)  | 6431 Pinetree Drive Circle  | (b)  | c/o Bloom Office LLC   | ,   |  |  |  |
| 2. (a)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | . (~)  | Mailing address of limited (Note: MAY BE POST  |   |  |  |  |
|  |   |  | 575 Madison Avenue, 10th F   | loor  |  |  |  |
|  |   | -  | Name Variably 40000  | <del>-</del>  |  |  |  |
|  | Miami Beach, FL 33141   | -  | New York, NY 10022   | ·   |  |  |  |
|  | 04/22/2011  |  | L11000048143   |   |  |  |  |
| 3.   | Date of filing/registration in Florida  | 4.   | Document number  |   |  |  |  |
| <i>r</i> ()  | Hantor Alveroz III. Foguiro   |  |  |   |  |  |  |
| 5. (a)   | Hector Alvarez III, Esquire Registered Agent and Registered Office shown on the records of the  | e Florida                                    | Dept. of State:  |   |  |  |  |
|  |   |  |  |   |  |  |  |
|  | 3211 Ponce de Leon Boulevard, Suite 208  Registered Office Address (MUST BE FLORIDA STREET AL   | DRESS  |  |   |  |  |  |
|  | Registered Office Address (MOST BE 1 BORDA STREET AND   | , D RESS,                                    |  | <b>元 5</b>  |  |  |  |
|  |   |  |  | NOV - VON   |  |  |  |
|  | Coral Gables, FL  | 33134  |  | So El   |  |  |  |
|  |   |  | <del></del>  | SES   |  |  |  |
| (b)  | Corporation Service Company   |  |  | S 3 (1)   |  |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered O  | ffice add                                    | ress;  | SIAG  |  |  |  |
|  |   |  |  | - Ref - 6   |  |  |  |
|  | 1201 Hays Street  |  |  | <b>&gt;</b>   |  |  |  |
|  | NEW Registered Office Address:  |  |  |   |  |  |  |
|  |   |  |  |   |  |  |  |
|  |   | •  |  |   |  |  |  |
|  | Tallahassee , FL  | 32301  |  |   |  |  |  |
|  |   |  |  |   |  |  |  |
| If the   | limited liability company is not organized under the laws   | s of the i                                   | State of Florida, it is hereby con<br>tered office and the business off  | dirmed that after<br>lice of the registered   |  |  |  |
| the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) |   |  |  |   |  |  |  |
| was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.   |   |  |  |   |  |  |  |
|  |   |  |  |   |  |  |  |
| Signature of a member of authorized representative of a member  Signature of a member of authorized representative of a member  Printed or typed name of signee  |   |  |  |   |  |  |  |
| I here<br>provis<br>the ob<br>to mei<br>notifie  | thy accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>rely reflect a change in the registered office address, I he<br>d in writing of this change. | e to act<br>performa<br>for in C<br>ereby ca | in this capacity. I further agree<br>ince of my duties, and I am fami<br>hapter 605, F.S. Or, if this doc<br>infirm that the limited liability c | to comply with the<br>liar with and accept<br>ument is being filed<br>ompany has been |  |  |  |
| Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President   |   |  |  |   |  |  |  |

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

## 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: CHELSEA PROF  | PER                             | TY                             | GROUP, LLC   |
|----------------------------------|--|--|---------------------------------|--------------------------------|--|
| 2.                               | (a)                                    | 6431 Pinetree Drive Circle   |                                 | (b)                            | ъ) c/o Bloom Office LLC  |
| L.,                              | ( <i>a)</i> _                          | 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)  |
|                                  |  |  |                                 |                                | 575 Madison Avenue, 10th Floor   |
|                                  |  | Miami Beach, FL 33141  | _                               |                                | New York, NY 10022   |
|                                  |  | 04/22/2011   |                                 |                                | L11000048143   |
| 3.                               |  | Date of filing/registration in Florida   | 4.                              | _                              | Document number  |
| 5.                               | (a)                                    | Hector Alvarez III, Esquire  |                                 |                                |  |
| -                                |  | Registered Agent and Registered Office shown on the records of the   | e Flo                           | rida l                         | la Dept. of State;   |
|                                  |  | 3211 Ponce de Leon Boulevard, Suite 208  |                                 |                                |  |
|                                  |  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRI                            | ESS)                           | <u></u>  |
|                                  |  |  |                                 |                                |  |
|                                  |  |  |                                 |                                |  |
|                                  |  | Coral Gables ,FL_  | 331                             | 134                            | <u>i4</u>  |
|                                  | <i>a</i> .                             | Company time Consider Communication  |                                 |                                | And the state of t |
| 1                                | (b)                                    | Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered C  | Office                          | odd                            | ddrose:  |
|                                  |  | The state of the s | <u> </u>                        |                                | AAS  |
|                                  |  | 1201 Hays Street   |                                 |                                | SS +   |
|                                  |  | NEW Registered Office Address:   |                                 |                                |  |
|                                  |  |  |                                 |                                |  |
|                                  |  |  |                                 | —–                             |  |
|                                  |  | T N I  |                                 |                                | A 60   |
|                                  |  | Tallahassee , FL_  | 323                             | 301                            | 1  |
| the<br>age<br>was<br>the         | chaint w<br>s/we<br>artic              | mited liability company is not organized under the law-<br>inge or changes are made, the Florida street address of t<br>ill be identical. Or, in the case of a Florida limited lial<br>re authorized by an affirmative vote of the members of<br>eles of organization or the operating agreement of the le   | he rebility the imite           | egist<br>cor<br>limi<br>ed li  | company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.  |
| S                                | ignat                                  | ire of a member of authorized representative of a member   | ~ _                             | <u>]]</u>                      | David Bloom, Authorized Rapiesen todio   |
| I h<br>pro<br>the<br>to n<br>not | erek<br>visio<br>obli<br>nere<br>ified | y accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>ly reflect a change in the registered office address, I he<br>in writing of this change.   | e to<br>perfo<br>for i<br>ereby | act i<br>rma<br>in Ci<br>y coi | ct in this capacity. I further agree to comply with the<br>nance of my duties, and I am familiar with and accept<br>Chapter 605, F.S. Or, if this document is being filed<br>confirm that the limited liability company has been   |
| Sig                              | natur                                  | e of Registered Agent Corporation Service Company  | BY:                             | : Sy                           | Sylvia Queppet, Asst. Vice President   |
|                                  |  | District of Comments of the DO D   |                                 | 105                            | M. T. N. I   |