## 11100056529

| (Re                                     | equestor's Name)  |             |  |  |  |
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| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificate     | s 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#: 812747/020

Re: CHELSEAS' PLACES 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.

| 2. (a)                                   | 6431 Pinetree Drive Circle   | (b)   | c/o Bloom Office LLC   |   |                               |   |          |
|--|--|---|--|---|-------------------------------|---|----------|
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ ()  | 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   |   |                               | . —,  |          |
|  | 05/12/2011   |   | L11000056529   |   |                               |   | ,        |
| 3.                                       | Date of filing/registration in Florida   | 4.  | Document numb  | er  |                               | · .   |          |
| 5 (0)                                    | Hector Alvarez III, Esquire  |   |  |   |                               |   |          |
| 5. (a)                                   | 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   | DDRESS)                                     |  |   |                               |   |          |
|  |  |   |  | $\mathbb{R}_{\mathbb{R}}$                 | 5                             |   |          |
|  |  |   | <del> </del>   | 7 > 1                                     | NOV                           | :: 'a *#<br>€ }   |          |
|  | Coral Gables , FL_   | 33134                                       | <del></del>  | 工"  | <b>Z</b>                      | , p. 2.00 . 100 . |          |
|  |  |   |  | 388                                       | ÷                             | 1   |          |
| (b)                                      |  |   |  | THE STATE OF                              |                               |   |          |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>   | ffice add                                   | ress:  | F STACE<br>FLORIDA                        | 23                            |   |          |
|  |  |   |  | OR.                                       | 12                            |   |          |
|  | 1201 Hays Street   |   |  | ⊕<br>}>                                   | 10                            |   |          |
|  | NEW Registered Office Address:   |   |  |   |                               |   |          |
|  |  |   |  |   | •                             |   |          |
|  |  |   |  |   |                               |   |          |
|  | Tallahassee, FL_   | 32301                                       | · · · · · · · · · · · · · · · · · · ·  |   |                               |   |          |
| the cha<br>agent v<br>was/we<br>the arti | imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member of authorized representative of a member of a m | he regis<br>bility co<br>the limited li<br> | ered office and the business in pany, it is hereby confirmed ted liability company or as ability company.  Your Rloom Arrinted of typed na | s office of that the otherwise me of sign | of the ine character provents | registered<br>nge(s)<br>rided in<br>Rapper  | *of*obi∈ |
| notyte                                   | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  | erforma<br>for in C<br>ereby co             | nce of my duties, and I am hapter 605, F.S. Or, if this nfirm that the limited liabil.   | familiar i<br>documer<br>ity compe        | with a<br>at is be<br>any ha  | nd accept<br>eing filed<br>is been  |          |
| Signatu                                  | re of Registerca Agent Corporation Service Company   | BY: S                                       | vlvia Queppet, Asst. Vice  | Preside                                   | nt                            |   |          |

## 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: CHELSEAS' PLACE  | SLLC  |  |   | <del></del>                             | <del></del>                                  |
|------------------------|-----------------------------------|---|---|--|---|---|--|
| 2.                     | (a)                               | 6431 Pinetree Drive Circle  | (b) c/o Bloom Office LLC                      |  |   |   |  |
|                        | (-)                               | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (0)   | Mailing addr   | ess of limited liabil<br>AY BE POST OFF                                     |   | pany:  |
|                        |                                   |   | _5  | 75 Madison Ave   | nue, 10th Floor   |   |  |
|                        |                                   | Miami Beach, FL 33141   | · N   | ew York, NY 10   | 022   |   | <del>,</del>                                 |
|                        |                                   | 05/12/2011  | L1  | 1000056529   |   | ·                                       | ·  |
| 3.                     |                                   | Date of filing/registration in Florida 4.   | <del></del>                                   | Documen  | t number  |   |  |
| 5.                     | (a)                               | Hector Alvarez III, Esquire   |   |  |   |   |  |
|                        |                                   | Registered Agent and Registered Office shown on the records of the Flo  | orida Dept                                    | t. of State:   |   |   |  |
|                        |                                   | 3211 Ponce de Leon Boulevard, Suite 208   |   |  |   |   |  |
|                        |                                   | Registered Office Address (MUST BE FLORIDA STREET ADDR  | ESS)  |  | 至   | <u></u>                                 |  |
|                        |                                   |   | ·   | ·  |   | NON                                     | £.   |
|                        | •                                 | Coral Gables , FL 33  | 134   |  | 五八  | 5                                       | CONTRACTOR                                   |
|                        |                                   | , i D_ 30   | 10 /  | <del></del>  | SSE   | <u></u>                                 | ξ.<br>Επ. 2.76                               |
|                        | (b)                               | Corporation Service Company   |   |  | E CHANGE  | 3                                       | (manne)                                      |
|                        |                                   | Enter name of NEW Registered Agent and/or NEW Registered Office   | e address                                     | :  | FLORID  | ÿ                                       |  |
|                        |                                   | 4004 Have Obsessed  |   |  | 25.<br>25.<br>25.   | 2                                       |  |
|                        |                                   | 1201 Hays Street  NEW Registered Office Address:  |   |  | 7>  |   |  |
|                        |                                   | Negation office Address.  |   |  |   |   |  |
|                        |                                   |   | ····  |  |   |   |  |
|                        |                                   | Tallahassee , FL 32   | 301   |  |   |   |  |
| the<br>ag<br>wa<br>the | e cha<br>ent v<br>as/we<br>e arti | imited liability company is not organized under the laws of nge or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit | egistere<br>y compa<br>limited<br>ed liabil   | d office and the b<br>my, it is hereby of<br>liability company,<br>ity company.    | ousiness office of<br>onfirmed that the<br>y or as otherwise                | of the re<br>ne chan<br>e provi         | egistered<br>ge(s)<br>ided in                |
|                        | Signa                             | UNB Auth mized Required with the ture of a member or authorized representative of a member  | Dri   | Irid Rloom,<br>Printed of  | Authorityped name of sigh   | ed 1                                    | Representation                               |
| pr<br>th<br>to<br>no   | ovisi<br>e obl<br>mere<br>tified  | by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete performance of my position as registered agent as provided for ly reflect a change in the registered office address, I hereld in writing of this change.                                       | act in the<br>prmance<br>in Chap<br>by confir | his capacity. I fu<br>of my duties, and<br>ter 605, F.S. Or,<br>m that the limited | rther agree to c<br>d I am familiar<br>if this documer<br>d liability compo | omply<br>with an<br>it is be<br>any has | with the<br>ad accept<br>ing filed<br>s been |
| Si                     | gnatu                             | re of Registered Agent Corporation Service Company BY   | : Sylvi                                       | a Queppet, Assi  | t. Vice Preside   | nt                                      |  |