Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE ROSEN HOLLY SPRINGS II LLC

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01/24/2019 12:37 #493 P.002/002

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. Name of the limited liability	y company: ROSEN HO	LLY SPR	INGS II LLC	; 		. 	
2. (a) 40 EAST 69TH STR	EET	(ው)	(h) 40 EAST 69TH STREET				
Principal office addre	se of limited Hability company. BE STREET ADDRESS	(-/	Mailing address of limited liability company: (Note: MAY BE POST OPFICE BOX) 4TH FLOOR				
NEW YORK, NY 10	021		NEW YORK	<, NY 10021			
07/18/2011		ι	110000825	07			
3. Date of filing/re 5. (a) JOSEPH E MAGUIF	gistration in Florida RE	4.	Do	cument number			
	red Office shows on the records o	f the Florida I	Dept. of State:				
Registered Office Address Suite 201	(MUST BE FLORIDA STREET					5 C	
Wellington	, F	L33414			:	IC)	
{D} "			SI:			- Ario: 57	•••
Tallahassee	, F.	L <mark>32301</mark>					
If the limited liability company is the change or changes are made, agent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	the Florida street address of e case of a Florida limited l native vote of the members e operating agreement of the	if the registr isbility con of the limit c limited lis	pany, it is hered liability comband ATHAN P. F	reby confirmed the mpany or as other by. ROSEN-MANA	net the charwise pr	te registere hange(s)	. —
Signature of a member of authorized I hereby accept the appointment provisions of all statutes relative the obligations of my position as to merely reflect a change in the notified in writing of this change. Signature of Registered Apart	representative of a member t as registered agent and agent to the proper and complete registered agent as provide registered office address, i	ree to act in e performar ed for in Ch hereby con		nted or typed name of I further agree es, and I am fami S. Or, if this documited liability co imited liability co		oly with the and acce being file has been	e pt d