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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC. Account Number : I2016000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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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 inderstgned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
NORTHSTAR DELRAY ELEVEN ACQUISITIONS, LLC

]
2. (1)	251 Royal Palm Way 215	(b) 251 Royal Palm Way 215	
	Principal office address of limited lisbility company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (<u>Note:</u> MAY BE POST OFFICE BOX)	
	PALM BEACH, FL 33480	PALM BEACH, FL 33480	
-	1/1/1900	L11000110697	
3.	Date of filing/registration in Florida	4. Document number	
5. (a) NRAI SERVICES, INC		
(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESSI	
		2	
	Plantation, FL	<u>33324</u>	
(ხ			· • .
	Entry name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	1 ព <u>្រីក្មាន</u> វេលា យ	== 2
	515 East Park Avenue 2nd Fl		<u>ہ</u> ب ب ب
	NEW Registered Office Address.		
		بې	
	Tallahassee, FL	32301	
the cl agent was/v	will be identical. Or, in the case of a Florida limited liab	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in	
 Siar	104 CT Raymon (L	John J. Roymond JA.	

 I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the timited liability company has been notified in writing of this change.

 Brian Radecki, Assistant Secretary on

 Signature of Registered Agent

Division of Corporationse P.O. Box 6327e Tallahassee, FL 32314 FILING FEE: \$25.00 (((H23000077388 3)))

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