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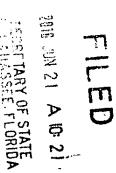
(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 17, 2016

Order#: 177027/012

Re: NAPLES UPTOWN HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard 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.

1.	Na	me of the limited liability company: NAPLES UPT	OWN HOL	DINGS, LL	С	
2.	(a)	C/O HALSTATT REAL ESTATE PARTNERS Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liab	
		2600 GOLDEN GATE PARKWAY				
		NAPLES FL 34105				
		12/12/2011		L1100013	9340	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	COLEMAN, YOVANOVICH & KOESTER, P.A.				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		4001 TAMIAMI TRAIL NORTH				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	
		SUITE 300				
		NAPLES , F	L 34103		200 200 200 200 200 200	
	41.5	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			to the	
	(b) _					Enterprise
		die of the state o	on one add		福平 二	
		1201 Hays Street			\ >	O
		NEW Registered Office Address:			ETARY OF STATE STASSEE FLORIDA	
		Tallahassee, F	L 32301			
the age was the Street to the	e charent was/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited life aluthorized by an affirmative vote of the members cless of organization or the operating agreement of the of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and completing agreement of my position as registered agent as provided by reflect a change in the registered office address, it is writing of this change.	of the regist liability cor of the limi e limited limi	ered office npany, it is ted liability ability com ilmi, Author	and the business office shereby confirmed that to y company or as otherwi- apany. rized Person Printed or typed name of signativ. I further garee to	of the registered he change(s) se provided in
Sig	gnatur	e of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	by, Asst. Vice Preside	nt

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