## #113000059070

Office Use Only



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K. SALY EXAMINER

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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: Evelyn Wright

Date: January 15, 2014

Order#: 956986/005

Re: AMBERGATE APARTMENTS, 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: Evelyn Wright

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, 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 liabil	ity company: AMBERGA	TE APARTMENTS, LLC		
2 (a) Principal office addre		590 W Kennedy Boulevar	ч	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		2nd Floor		
(ITOIL: MEST BES	TREET ADDRESS	Lakewood, NJ 08701	DU F	
(b) Mailing address of lin	nited liability company:	590 W Kennedy Boulevan	皇一	
(Note: MAY BE POST OFFICE BOX)		2nd Floor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Lakewood, NJ 08701	- 5 - C	
04/22/2013		L13000059070	15 16 16 16 16 16 16 16 16 16 16 16 16 16	
3. Date of filing/registration	in Florida	4. Document number	RIST	
5. (a) Registered Agent and	Registered Office show	n on the records of the Florida	Dept. of State:	
Registered Agent:		CT Corporation System	CT Corporation System	
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324		
		Flatitation, FL 33324		
		<del></del>		
(b) Enter name of NEW	Registered Agent and/or	NEW Registered Office add	ress:	
NEW Registered Agent:		Corporation Service Comp	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	1201 Hays Street	
		Tallahassee	FL 32301	
confirmed that after the chan	ge or changes are made, to registered agent will be yeonfirmed that the chan ability company or as othe limited liability compa	the laws of the State of Florid the Florida street address of the identical. Or, in the case of a lage(s) was/were authorized by a nerwise provided in the articles ny.	e registered office	
Dona Priebe, Authorized Repre	sentative			
Printed or typed name of signee				
I hereby accept the appoints comply with the provisions o and I am familiar with and a Chapter 605, F.S. Or, if this address, I hereby confirm the	nent as registered agent of fall statules relative to the ccept the obligations of n document is being filed t at the limited liability con	and agree to act in this capacit he proper and complete perfori ny position as registered agent to merely reflect a change in th npany has been notified in writ	ty. I further agree to mance of my duties, as provided for in he registered office ting of this change.	
By: Drace Z-Kubly			_	
Signature of Registered Agent $C_{0}$	rporation Service Compa	ny Grace E. Kirby, Asst. VI		

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