Division of Corporations



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Account Number : I20060000021 Phone : (561)833-9800

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Email Address: ANTOINETTE.THEODOSSAKOS@SAUL.COM

LLC REGISTERED AGENT CHANGE DOHERTY FLORIDA BARTRAM, LLC

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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 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	Name of the limited liability company: DOHERTY FLORIDA BARTRAM, LLC					
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, h	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	7 PEARL COURT	_	7 PEAR	LCOURT		
	ALLENDALE, NJ 07401	<u> </u>	ALLEND	DALE, NJ 07401		
	May 16, 2013		L13000071943			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the					
,,	Registered Agent and Registered Office shown on the records of the JOHN F. FLANIGAN	he Florida	Dept. of State	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 660 US HWY ONE, THIRD FLOOR				262ā JUN 17		
	NORTH PALM BEACH	33408		: : : : : : : : : : : : : : : : : : :		
(b) ANTOINETTE THEODOSSAKOS Fruer name of NEW Registered Agent and/or NEW Registered Office address:						
	C/O SAUL EWING ARSTEIN & LEHR, LLP			1: 04		
NEW Registered Office Address:						
515 NORTH FLAGLER DRIVE, SUITE 1400						
	WEST PALM BEACH FL	33401				
signal version of the character of the artistic of the control of the character of the cha	imited liability company is not organized under the law inge on changes are made, the Florida street address of will by identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cites of organization or the operating agreement of the laws of a member or authorized representative of a member of the laws of all statutes relative to the proper and complete in the registered agent as provided in writing of this crange. Complete the complete of the proper and complete in the registered office address, I have the complete of the comp	the regination in the limited in the	ormpany, it is inted liability con liability cape of my liability con liability cape of my liability cape of lia	s and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee active. I further agree to comply with the duties, and I am familiar with and accept in F.S. Or, if this document is being filed		