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COVER LETTER

TO: Registration Section Division of Corporations				
Division of Corporations				
SUBJECT:	SJR Plaza II, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Kane Esq. Name of Person				
SJR Plaza II LLC Firm/Company 240 West 35 street (svite 504)				
240 vert 358 street (svite soy)				
Address				
City/State and Zip Code				
City/State and Zip Coo	de			
Documents@incorp.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael Kane Esq.	at () 685-5263 Area Code & Daytime Telephone Number			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

	ame of the limited liability company: SJR Plaza II, LLC C/O Michael Klane, Esq. MIChsel Ksne 1719	1 0	
2. (a)	Principal office address of limited liability company:	(b) C/O Michael Klano, Esq. Millsel Kene Esq. Mailing address of limited liability company.	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	
	240 WEST 35TH STREET, SUITE 504	240 WEST 35TH STREET, SUITE 504	
	New York, NY 10001	New York, NY 10001	
	11/19/2013	L13000162296	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	BLUMBERGEXCELSIOR CORPORATE SERVICE	ES, INC	
, ,	Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:	
	155 Office Plaza Drive 1St Floor		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Tallahassee	32301	
(b)	InCorp Services, Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address	
	17888 67th Court North		
	NEW Registered Office Address:		
	Loxahatchee, FL 33470	2 5 2 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
			
	Loxahatchee .FL	33470	
16 +ha 1;	mited liability		
the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	e registered office and the business office of the registered	
agent v	will be identical. Or, in the case of a Florida limited liabities authorized by an affirmative vote of the members of the	lity company, it is hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the lin	nited liability company.	
By	ure of a member or authorized representative of a member	Michael Kane	
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee	
l heret provisio	by accept the appointment as registered agent and agree	to act in this capacity. I further agree to comply with the	
the abli	igations of my position as registered agent as provided for	to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been	
notified	in writing of this change.	eoy conguni mai me immeu naoniny company nas been	
2000	Jackie DeFilippis on	behalf of InCorp Services, Inc.	

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