## L14000000533

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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RAChange

04/27/15--01054--008 \*\*25.00



5/4/15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 23, 2015

Order#: 593817/004

Re: 753 PARK STREET OWNER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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:Janis M. Smith 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:	753 PARK STRE	ET OW	NER LLC	
2. (	(a)			(b)	)	
		Principal office address of limited liab (Note: MUST BE STREET AL		- 、.	λ	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		6000 Island Blvd. Suite 2108		_		
		Aventura, FL	33160	-		
		02/05/2014		_	L1400002	0533
3.		Date of filing/registration in	Florida	4.		Document number
5.	(a)	WEST 177TH REALTY LLC				
	` ′	Registered Agent and Registered Office show	n on the records of th	e Florida	Dept. of State	; •**
		Registered Office Address			<u> </u>	
		6000 Island Blvd. Suite 2108				<b>7</b>
		Aventura,	, FL_	33190		FILED FILED PH 4: 11
(	(b) Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>				THE THE	
			ffice add	iress:	LOPILE LA	
		1201 Hays Street				• 🗡
		NEW Registered Office Address:				
					<del></del> -	
		Tallahassee	, FL	32301		
the age was	cha nt v s/we	vill be identical. Or, in the case of a F	street address of t lorida limited liab f the members of	he regis oility co the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Norman Steele N					man Steele,	Authorized Person
S	gnat	ure of a member or authorized representative of	f a member			Printed or typed name of signee
pro the to n	visi obl. 1ere	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ly reflect a change in the registered o I in writing of this change.	d agent and agred or and complete p gent as provided ifice address, I he	e to act erforma for in C ereby co	in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
		Drace C-Kuby				
Sig	natu	e of Registered Agent Corporation Serv	ce Company	BY: G	race E. Kir	by, Assistant Vice President