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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 22, 2015

Order#: 468888/004

Re: 6747 COLLINS DEVELOPMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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. N	ame of the limited liability company: 6747 COLLIN	IS DEVELOPN	MENT, LLC		
2. (a)	c/o The Peebles Corporation Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2020 Ponce de Leon Boulevard, Suite 907	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Coral Gables, FL 33134	_			
ว	02/03/2014		4000024268		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t. of State:		
	200 S. Biscayne Boulevard, Suite 3600			- ₹s	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		ECRETALL F	
	Miami, F	L <u>33131</u>		ARY OF ASSEE, F	
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	:	STATE LORIDA 3: 38	
	1201 Hays Street				
	NEW Registered Office Address:				
					
	Tallahassee , F	L 32301	·		
the cha agent v was/w	imited liability company is not organized under the lating or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compator of the limited	d office and the business office ny, it is hereby confirmed that liability company or as otherwi	of the registered the change(s)	
/s/ I	owell D. Plotkin	Lowell D	. Plotkin, Authorized Person		
Signa	ture of a member or authorized representative of a member		Printed or typed name of sig	nee	
I here provis the obs to mer notifie	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the eperformance ed for in Chapt hereby confir	nis capacity. I further agree to of my duties, and I am familian ter 605, F.S. Or, if this docume m that the limited liability comp	comply with the · with and accept ent is being filed pany has been	
Signatu	re of Registered Agent Corporation Service Company	BY: Sylvia	a Oueppet, Asst. Vice Presid	ent	

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