## 114000093095

| (Requestor's Name)                      |                   |                 |  |  |  |
|---|-------------------|-----------------|--|--|--|
| (Address)                               |                   |                 |  |  |  |
| (Address)                               |                   |                 |  |  |  |
| (Cit                                    | y/State/Zip/Phone | <del>;</del> #) |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL.           |  |  |  |
| (Business Entity Name)                  |                   |                 |  |  |  |
| (Document Number)                       |                   |                 |  |  |  |
| Certified Copies                        | _ Certificates    | of Status       |  |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |  |
|   |                   |                 |  |  |  |
|   |                   |                 |  |  |  |
|   |                   |                 |  |  |  |

Office Use Only



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2017 JUN 13 PM 4: 37
SECRETARY OF STATE
SECRETARY OF STATE

K. SALY JUN 1 4 2017

## **COVER LETTER**

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| NB Investment Property 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:   |  |  |  |  |  |
| Jeanne Fuentes Lopez  |  |  |  |  |  |
| Name of Person  |  |  |  |  |  |
| Fowler White Burnett, P.A.  |  |  |  |  |  |
| Firm/Company  |  |  |  |  |  |
| 1395 Brickell Avenue, Suite # 1400  |  |  |  |  |  |
| Address   |  |  |  |  |  |
| Miami, Florida 33131  |  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |  |
| jfuentes-lopez@fowler-white.com   |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Jeanne Fuentes Lopez 305 789-9269   |  |  |  |  |  |
| 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   |  |  |  |  |  |
| 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.

| 1. N                        | ame of the limited liability company: NB Investmer  | t Pro                       | pe                                  | rty LLC   |   |
|-----------------------------|---|-----------------------------|-------------------------------------|---|---|
|                             |   |                             |                                     |   |   |
| <b>2</b> . ( <b>4</b> )     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | -                           | (0)                                 |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                             | c/o 1395 Brickell Avenue, 14th Floor (JFL)  |                             |                                     | c/o 139   | 95 Brickell Avenue, 14th Floor (JFL)  |
|                             | Miami, Florida 33131  | <del>-</del><br>-           |                                     | Miami,  | Florida 33131   |
|                             | 06/10/2014  |                             | L                                   | _140000   | 093095  |
| 3.                          | Date of filing/registration in Florida  | 4.                          | -                                   |   | Document number   |
| 5. (a)                      |   |                             |                                     |   |   |
| J. (a)                      | Registered Agent and Registered Office shown on the records of the  | ne Flor                     | ida                                 | Dept. of Sta                                      | ate:  |
|                             | Corporate Management Inc  |                             |                                     |   |   |
|                             | Registered Office Address (MUST BE FLORIDA STREET A   | DDRE.                       | SS)                                 |   | <del></del>   |
|                             | 16321 SW 78th Terrace   |                             |                                     |   | _ 3   |
|                             | Miami , FL  | 3319                        | 3                                   |   | FILE 13 PH  |
|                             |   |                             |                                     |   | AR L  |
| (b)                         | Enter name of NEW Registered Agent and/or NEW Registered  |                             |                                     |   | SSS 13  |
|                             | Enter name of NEW Registered Agent and/or NEW Registered (  | Office s                    | addı                                | <u>'ess</u> :                                     | - SEE B   |
|                             | ·   |                             |                                     |   | MIJUN 13 PH 4: 37 ZOLI JUN 13 PH 4: 37 TALLAHASSEE, FLORID  |
|                             | NEW Registered Office Address:  |                             |                                     | ·   | Top 3   |
|                             | 1395 Brickell Avenue, Suite # 1400 (JFL)  |                             |                                     |   |   |
|                             | Miami , FL  | 3313                        | 1                                   |   | _   |
| the changent vas/we he arti | imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by teflect a change in the registered office address, I had in writing of that change. | he regoility of the limited | gisto<br>con<br>mit<br>d lia<br>ean | ered office pany, it is ed liability core ne Fuer | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.  ntes Lopez  Printed or typed name of signee |
|                             | re of Ragistered Agent  |                             |                                     |   |   |
|                             | Division of Corporations • P.O. Bo  | ox 632                      | 27•                                 | Tallaha   | ssee, FL 32314  |
|                             | FILING FE   |                             |                                     |   | nuvey a 11 vavi7  |