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hPROBRES J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ.	EWR BEACHSIDE, LLC						
	Name	Name of Limited Liability Company					
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
DONN	NA MROZ						
	Name of Person						
EWR	BEACHSIDE LLC, C/O JL WOODE LTD L	rc					
	Firm/Company						
35 E \	WACKER DRIVE, SUITE 3300						
	Address						
CHIC	AGO, IL 60601						
	City/State and Zip Code						
DON	A.MROZ@JLWOODE.COM						
<u>I</u>	E-mail address: (to be used for future annua	al report notification)					
For fu	rther information concerning this matter, p	please call:					
DONN	IA MROZ	312 870-90 72					
	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	\$55 Filing Fee & Certified Copy					

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	ame of the limited liability company: _EWR BEACHSI	DE, LLC	<u> </u>	
2.	(a)		(b	1	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		35 E Wacker Drive, Suite 3300		35 E Wac	ker Drive, Suite 3300
		Chicago, IL 60601	_	Chicago,	IL 60601
		10/27/2014		L14000167	7471
3.		Date of filing/registration in Florida	4.]	Document number
5.	(a)	NRAI Services, Inc			
	` ,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	7 <u>8</u> 2 16
		1200 South Pine Island Road			THE RESERVE OF THE PERSON OF T
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1	Day 1 may
		·			
			 		
		Plantation , FL	33324		ES 5
					PR-5 PH 2: 50 RETART OF STATE
	(b)	Corporation Service Company			→
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	, k
					•
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee F1.	22204		
		Tallahassee , FL	32301		
the age wa	cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	کے	Lund W Con	Edw	ard W Ross	
S	igna	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C vereby co	in this capa ince of my d hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
€ ¹	gnatui	e of Registered Agent Corporation Service Company	BY: ا	eremy	Seims Asst V.P.