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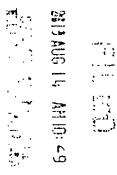
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COVER LETTER

TO:		stration Section sion of Corporations				
CHDH	ECT.	547 OCOEE LLC				
SUBJI	ECT:	T:Name of Limited Liability Company				
Dear S	Sir or N	Лadam:				
The en	nclosed	I Registered Agent/Registered Offic	e Change a	e and fee(s) are submitted for filing.		
Please	return	all correspondence concerning this	matter to	the following:		
STAC	CEY H	HALPERN, ESQ.				
		Name of Person				
NELS	SON	MULLINS BROAD AND CAS	SEL			
		Firm/Company				
ONE	NOR	RTH CLEMATIS STREET, SU	ITE 500			
		Address				
WES	T PA	LM BEACH, FL 33401				
		City/State and Zip Code				
STAC	CEY.	HALPERN@NELSONMULLIN	NS.COM			
I	E-mail	address: (to be used for future annual	ial report n	notification)		
For fu	rther i	nformation concerning this matter,	please call:	II:		
STAC	CEY I	HALPERN, ESQ.	561	1 832-3300		
		Name of Person	_ \	Area Code & Daytime Telephone Number		
	Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

Enclosed is a check for the following amount:

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.

. Na	ame of the limited liability company:			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 105 MADISON AVENUE, 15TH FLOOR			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DISON AVENUE, 15TH FLOOR
	NEW YORK, NY 10016		NEW Y	ORK, NY 10016
	04/24/2015		L150000	72643
. (a)	Date of filing/registration in Florida PATRICIA LEBOW, P.A.	4.		Document number
()	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET) ONE N. CLEMATIS STREET, SUITE 500	ADDRE.	55)	_
	WEST PALM BEACH , FI.	3340	1	_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> STACEY HALPERN, ESQ.	Office 3	address:	
	NEW Registered Office Address: ONE NORTH CLEMATIS STREET, SUITE 500) 10: C9	
	WEST PALM BEACH	3340	1	
he changent was/w he art Signa I here provishe object of the provishe of the provision of	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members of iclos of organization or the operating agreement of the nure of a member or authorized escriptive of a member of the appointment as registered agent and agricultures 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 din writing of this change.	the regability of the limited limited	gistered office company, it is mitted liability for liability corporation this cape mance of my	e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in an appear. Printed or typed name of signee pacity. I further agree to comply with the duties and I am familiar with and acceptance.