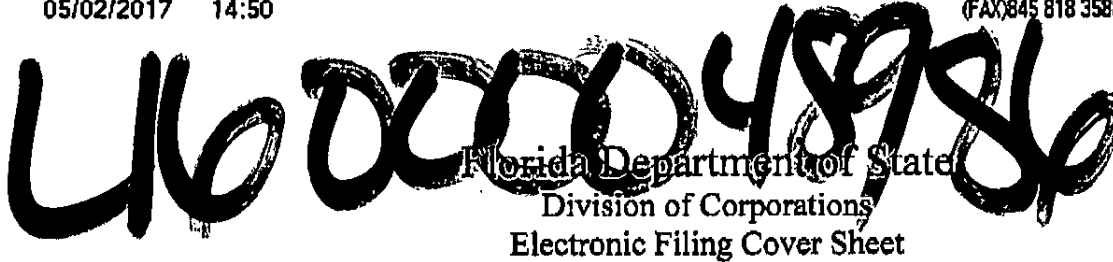


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P.001/003



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: April @ vcorp services.com

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -2 PM 9:22

**LLC REGISTERED AGENT CHANGE
BRADENTON ER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2017 MAY -2 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. YOUNG

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P.002/003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bradenton ER 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:

April Adamkovich

Name of Person

Vcorp Services, LLC

Firm/Company

25 Robert Pitt Drive, Suite 204

Address

Monsey, NY 10952

City/State and Zip Code

statenotices@vcorpsservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Adamkovich

at 845

425-0077 x132

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

INHS18 (2/14)

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAY -2 PM 9:22

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. Name of the limited liability company: Bradenton ER LLC
2. (a) C/O Fieldstone Properties LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1719 Route 10 East, Suite 220
Parsippany, NJ 07054
3/10/2016
- (b) C/O Fieldstone Properties LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1719 Route 10 East, Suite 220
Parsippany, NJ 07054
L16000048986
3. Corporation Service Company
Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301-2525
- (b) Vcorp Services, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
5011 South State Road 7
NEW Registered Office Address:
Suite 106
Davie, FL 33314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Conil Chankovich
Signature of a member or authorized representative of a member

April Adonovich
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent, Vcorp Services, LLC

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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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