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Division of Corporations

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Account Number : 120090000081

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR IDMITTED LIABILITY COMPANY

Pursuant to the provisions of sections  $60_2^3$ , 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. NLJ PROPERTIES LLC 1. Name of the limited liability company (h) 3505 VETERANS MEMORIAL HWY 3505 VETERANS MEMORIAL HWYSUITE D Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BON) SUITE D SUITE D RONKONKOMA, NY 11779 RONKONKOMA, NY 11779 L17000116966 05/26/2017 Date of filing/registration in Florida Document number 3. FINKBEINER, CHET 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 4519 SE 16TH PLACE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) **UNIT 109** CAPE CORAL

3030 N. Rocky Point Dr.

NEW Registered Office Address:
STE 150A

Tampa \_\_\_\_\_\_\_\_\_33607

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agents Inc.

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 voic 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.

Rilay Tark	Riley Park
Signature of a member or authorized representative of a member	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.

Bill Havre - Assistant Secretary

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