## #1101000002800

(Requestor's	s Name)	
(Address)		
(Address)		
(City/State/Z	Zip/Phone #)	
PICK-UP	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Co	ertificates of Status	
Special Instructions to Filing Officer:		

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K. SALY EXAMINER SEP 1 6 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: September 11, 2013

Order#: 784856-345

Re: NEWKIRK DENPORT GP LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: NEWKIRK DEN	PORT GP LLC	
2 (a) Deimainal affice address afficient addiction	Louington Doolty Trust	
<ol> <li>(a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)</li> </ol>	One Penn Plaza, Suite 40	15
(Note: MCSI BE SIREEI ADDRESS)	New York, NY 10119	- W - W
		EC. 93
(b) Mailing address of limited liability company:		英語や工
(Note: MAY BE POST OFFICE BOX)	One Penn Plaza, Suite 401	15 ==== 13
	New York, NY 10119	SST
		用品 主
12/14/2001	M01000002800	<u> </u>
3. Date of filing/registration in Florida	4. Document number	25 5
		8A -
5. (a) Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:
		•
Registered Agent:	CT Corporation System	
Desistand Office Address.	1200 Couth Ding Island De	اسم
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
	1 Januarion, 1 C 33324	
(I) F . CNDW D I . W	1111	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	.w Registered Office addi	ress:
NEW Registered Agent:	Corporation Service Comp	any
<u> </u>		
<b>NEW</b> Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		
	Tallahassee	,FL_32301
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 l	Florida street address of the	registered office
and the business office of the registered agent will be iden	itical Or in the coce of a E	lorido limitad
liability company, it is hereby confirmed that the change(s	s) was/were authorized by a	n affirmative vote of
liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherw the operating agreement of the limited liability company.	ise provided in the articles	of organization or
the operating agreement of the limited liability company.		
(1)		
Signature of a member or authorized representative of a member		
Dona Priebe, Authorized Person		
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compar	agree to act in this capacity roper and complete perforn osition as registered agent erely reflect a change in the ny has been notified in writi	e. I further agree to nance of my duties, as provided for in e registered office ing of this change.
By: Wrose to Kinble	- "	
Signature of Registered Agent Corporation Service Company	Grace E. Kirby, Assistant	VP
Corporation betwice Company	- Oraco E. Ixiloy, (10010talli	

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