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(F	Requestor's Name)						
(<i>F</i>	Address)						
(<i>(</i>	Address)						
(0	City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
(E	Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

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K.SALY EXAMINER JAN 15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 12, 2016

Order#: 911807-068

Re: NEWMARK SOUTHERN REGION, 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: Lindsey Lockard

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 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	me of the limited liability company: NEW	MARK SOU	ITHERN	REGION, I	LLC			
2	2. (a) 201 17TH STREET, Suite 900		(b)	499 Par	k Avenue, 7th F	loor			
۷.	(<i>a</i>)	Principal office address of limited liability co		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		ATLANTA G/ 303	63	_	New York	c, NY 10022			
		06/19/2002			M0200000	01629			
3.		Date of filing/registration in Florid	la	4.		Document num	ber		
5.	(a)	CT CORPORATION SYSTEM							
	()	Registered Agent and Registered Office shown on the	e records of th	e Florida	Dept. of State	:			
		1200 SOUTH PINE ISLAND RD							
		Registered Office Address (MUST BE FLORID)	A STREET A	DDRESS)					
	(b)	PLANTATION Corporation Service Company Enter name of NEW Registered Agent and/or NEW 1201 Hays Street NEW Registered Office Address:		33324	ress:		SLUKE IAR FOR STATE TALLAHASSEEL ELORIDE	2016 JAN 14 PH 3: 52	
If	the l	Tallahassee imited liability company is not organized uninge or changes are made, the Florida street	der the law	32301	State of Flo	orida, it is hereb	y confir	med the	at after
ag Wi	gent v as/w	will be identical. Or, in the case of a Florida street eauthorized by an affirmative vote of the cicles of organization or the operating agreem	limited lial members of	bility con the limi imited li	mpany, it is ted liability ability com	s hereby confirm y company or as npany.	ned that otherw	the cha	ange(s)
Signature of a member or authorized representative of a member Printed or typed name of signee									
I pr th to no	here ovisi e obi mer otifie	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent of the proper and light of the confice of the proper and the registered office of the writing of this change. The Pregistered Agent Corporation Service C	nt and agre I complete t as provided address, I h	performa I for in C ereby co	ince of my o hapter 605 infirm that i	acity I further i	agree to familia s docum lity com	compl r with i ent is l pany h	ly with the and accept being filed as been

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