## M03000001050

| (Re                                     | equestor's Name)   |           |  |  |  |  |  |
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| (Ac                                     | ldress)            |           |  |  |  |  |  |
| (Çi                                     | ty/State/Zip/Phone | e #)      |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL MAIL |  |  |  |  |  |
| (Ви                                     | isiness Entity Nan | ne)       |  |  |  |  |  |
| (Document Number)                       |                    |           |  |  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |  |  |
|   |                    |           |  |  |  |  |  |
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Office Use Only



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## 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 lia   | bility company   | : CSM-KEY BIS  | CAYNE E   | QUITIES,   | LLC  |  |                                |
|---|---|--|--|---|--|--|--|--------------------------------|
| 2. (a)  | 670 White Plains Road, Suite 305  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)      |  |  | (b)   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |                                |
|   | Scarsdale   | NY   | 10583  | _   |  |  |  |                                |
|   | 04/02/2003  | <u> </u>   |  |   | M03000   | 001050   |  |                                |
| 3.  | Date of fili  | ng/registration  | in Florida   | 4.  |  | Document number  |  |                                |
| 5. (a)  | NRAI Services, II   | nc.  |  |   |  |  |  |                                |
| /. (u)  | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:                                    |  |  |   |  |  |  |                                |
|   | 1200 South Pine Is  | sland Road   |  |   |  |  |  |                                |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |  |   | <del></del>  |  |  |                                |
|   | _   | <u> </u>   | ··   |   |  |  | #  |                                |
|   |   |  |  |   |  | <del></del>  | 7 1  |                                |
|   | Plantation  |  | , FL   | 33324   |  | <u>.</u>   |  | [7]                            |
|   |   |  |  |   |  |  | - Francis  | to medical.                    |
| (b)   | Corporation Service   | e Company  |  |   |  |  | The state of the s | हैं।<br>है कि सम्बद्ध          |
|   | Enter name of NEW Res   | gistered Agent an  | d/or <u>NEW Registered</u>   | Office addi   | ress:  |  | and the second s | e e f<br>E™mag                 |
|   |   |  |  |   |  |  |  | -                              |
|   | 1201 Hays Street  |  |  |   |  | _  | ; · · · · · · · · ·  |                                |
|   | NEW Registered Office   | Address:   |  |   |  |  |  |                                |
|   |   | ······································   |  |   |  | <del></del>  |  |                                |
|   | Tallahassee   |  | , FL   | <u>323</u> 01   |  | _  |  |                                |
| he cha<br>gent w<br>vas/we                          | nge or changes are m<br>ill be identical. Or,   | ade, the Florid<br>in the case of a<br>affirmative vote                              | la street address of<br>I Florida limited lia<br>e of the members o                    | the registe<br>ability con<br>of the limit<br>limited lia | ered offic<br>npany, it<br>ed liabili<br>ability con | lorida, it is hereby co<br>ce and the business of<br>is hereby confirmed to<br>ty company or as oth<br>mpany.<br>orized Person | ffice of the registhat the change(   | stered<br>s)                   |
| Signat  | ure of a member or autho  | rized representativ  | e of a member  | 5111 01   | iiii, Addin  | Printed or typed name  | of signee  |                                |
| l hereb<br>rovision<br>he obli<br>o mere<br>otified | by accept the appoint<br>ons of all statutes rel<br>gations of my position<br>by reflect a change in<br>in writing of this ch | ment as registe<br>ative to the pro<br>in as registered<br>i the registered<br>ange. | ered agent and agr<br>oper and complete<br>I agent as provide<br>I office address, I i | ree to act i<br>performan<br>d for in Ch<br>hereby cor    | n this cap<br>ace of my<br>apter 60<br>afirm that    | pacity. I further agreed duties, and I am fam 5, F.S. Or, if this does the limited liability of                                | 2  | h the<br>eccept<br>filed<br>en |
| Signatur  | c of Registered Agent C   | orporation Sci   | rvice Company  | BY: Gra   | ice E. Ki  | irby, Asst. Vice Pre   | sident   |                                |
|   |   |  |  |   |  |  |  |                                |