M03649

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(Document Number)
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NGMC Finance Corporation, IV		· · · · · · · · · · · · · · · · · · ·
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() Profit	() Amendment	() Merger
() Nonprofit		
() Foreign	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
() LLC	() Annual Report	() Other
	() Name Registration () Fictitious Name	() UCC
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State

of Florida.

1. The name of the corporation: NGMC Finance Corporation, IV	
2. The principal office address: 700 NW 107th Avenue, Miami, FL 33172	REI
3. The mailing address (if different): 700 NW 107th Avenue, Miami, FL 33172	

4. Date of incorporation/qualification: 08/07/1984 Document number: M03649

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Benjamin P. Butterfield, Esq.	
700 NW 107th Avenue	
Miami, FL 33172	

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman of vice chairm	An of the board) Vice President/Treasurer (Printed or typed name and title)
(Signature of an officer, chairman of vice chairm	an of the board) (Printed or typed name and title)
I hereby accept the appointment	as registered agent and agree to act in this capacity.
I further agree to comply with the	e provisions of all statutes relative to the proper and complete
performance of my duties, and I d	am familiar with and accept the obligation of my position as
registered agent. Or, if this docu	e provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as ment is being filed merely to reflect a change in the registered that the corporation has been notified in writing of this change.
office address, I hereby confirm i	hat the corporation has been notified in writing of this change,
C T Corporation System	
By: By:	12/13/14
(Signature of Registered Ag	(Date)
(Diffinition of Methodology 16	
If signing on behalf of an entity:	CONNIE BRYAN SPECIAL ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314