M0600004693

(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	#)			
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(Bu	siness Entity Nam	ne)			
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APPROVED AND FILED





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: June 12, 2014

Order#: 174235-004

Re: NAPKLEEN LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby

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. N	lame of the limited liability comp	oany: NAPKLEEN LL	С		
2 (2)	3333 New Hyde Park Road, St	uite 200	(b)		
2. (4)	Principal office address of time (Note: MUST BE STR	ited liability company:	(0)	Mailing address of limite (Note: MAY BE POS	ed liability company:
	New Hyde Park	N\ 11042	with 1 - 15 - 20 his his		
	08/24/2006		M060	000004693	
3.	Date of filing/registrat	ion in Florida	4.	Document number	
5. (a) C T Corporation System				
J. (a	Registered Agent and Registered Office	ce shown on the records of	the Florida Dept. o	of State:	
	1200 South Pine Island Road	1	-		
	Registered Office Address (MUST		ADDRESS)		
	Registered Office Radiess	DE LEGRIDA GIRLING			Do I
					EC.
	Plantation	, FL	. 33324		
		, , ,			AR IS
(b)	Corporation Service Company	/		~	
(-)	Enter name of NEW Registered Ages		Office address:		FILED FILED 4 JUN 16 PM 4: 10 SECRETARY OF STATE ALLAHASSEE, FLORIT
					87 ÷
	1201 Hays Street				5 m 0
	NEW Registered Office Address:				
			<u>_</u> ,		
	Tallahassee	, FL	_ 32301		
the chagent was/v the ar	limited liability company is not change or changes are made, the Fl will be identical. Or, in the case were authorized by an affirmative ticles of organization or the operation of a member or authorized representation of a member of a member of a member or authorized representation.	lorida street address of of a Florida limited li vote of the members of the ating agreement of the	I the registered of ability company of the limited liability limited liability	office and the business o y, it is hereby confirmed ability company or as oth	ffice of the registered that the change(s) nerwise provided in
-	eby accept the appointment as re		raa to ant in this	• •	-
provi: the ol to me	eby accept the appointment as resions of all statutes relative to the bligations of my position as registrely reflect a change in the registred in writing of this change.	e proper and complete tered agent as provide tered office address, I	ree to act in ims performance o ed for in Chapte hereby confirm	s capacity. I juriner agre f my duties, and I am fan r 605, F.S. Or, if this do that the limited liability	ce to comply with the niliar with and accept cument is being filed company has been

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant VP