M07000006167

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(Requestor's Name)	
. (Address)	
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(, tudiosej	
. (City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
	•	
(Document Number)	
Certified Copies	Certificates of	Status
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B. BOSTICY
FEB 14 2012
EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 061640

7232314

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 16, 2012

ORDER TIME: 12:37 PM

ORDER NO. : 061640-352

CUSTOMER NO: 7232314

CHANGE OF AGENT

NAME: OMAHA NORTHDALE GP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

costi,

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.

in the State of Florida.		•
1. Name of the limited liability company: OMAHA NO	RTHDALE GP LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1251 Avenue of the Americas 35th Floor New York, NY 10020	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_1251 Avenue of the Americas _35th Floor New York, NY 10020	···
10/12/2007	M07000006167	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of S	State:
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Bucct	
(MOST DE TEORIEST STREET TOOKESS)		32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office an ase of a Florida limited liability cor by an affirmative vote of the membe	d the business npany, it is ers of the limited
Maureen Cathell, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified by: By:	– gree to act in this capacity. I furth oper and complete performance of it as registered agent as provided for	er agree to ny duties, and I in Chapter 608

Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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