## M10000003426

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALLAHASSTELFLORINA

OCT - 3 2013

T. HAMPTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: September 30, 2013

Order#: 819392-397

Re: REDUS PLAZA OCEAN WATERS, 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: Alex Smetana

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.

OUCA.XCOA

## 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.

1. Name of the limited liability company: REDUS I	PLAZA OCEAN WATERS, LLC	
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: 333 Earle Ovington Boulevard Suite 900 Uniondale, NY 11553	
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	Suite 900 Uniondale, NY 11553	
08/03/2010	M10000003426	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	ASS OF	
Registered Agent:  Registered Office Address:	1200 South Pine Island Road	3
	Plantation, FL 33324	
(b) Enter name of <b>NEW Registered Agent</b> and	/or NEW Registered Office address:	<del>-</del>
NEW Registered Agent:	Corporation Service Company	<del></del> 
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES		
	Tallahassee ,FL 3	2301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change the members of the limited liability company or as of the operating agreement of the limited liability com	e, the Florida street address of the registered be identical. Or, in the case of a Florida lim lange(s) was/were authorized by an affirmat otherwise provided in the articles of organiz	l office ited
Dona Priebe, Authorized Person Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered ager comply with the provisions of all statules relative to and I am familiar with and accept the obligations o Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability o	nt and agree to act in this capacity. I furthe the proper and complete performance of m If my position as registered agent as provide d to merely reflect a change in the registere company has been notified in writing of this	r agree to ny duties, ed for in ed office change.
By: Drace C-Kuby Signature of Registered Agent Corporation Service Com	_ many Grace E. Kirby Assistant VP	
Cornoration Service Com	Dany Grace E. Kirdy Assistant VP	

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