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LLC REGISTERED AGENT CHANGE SYDELL INDIAN CREEK LLC

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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.

Na	me of the limited liability company: SYDELL INDIA	N CREF	KILC			
(a)		(b)	<u> </u>		
(4) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX).			
	30 WEST 26TH STREET, 12TH PLOOR		30 WES	T 26TH STREET, 12TH PLOOR		
	NEW YORK, NY 10010		NEW Y	ORK, NY 10010		
	08/15/2011		M110000	04057		
	Date of filing/registration in Florida	4.		Document number	· - ,	
	NRAI SERVICES, INC					
(a)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road, Plantation, FL 33324	the Flori	da Dept. of S			
	Registered Office Address (MUST RE FLORIDA STREET	ADDRE	22.1		··· .	
	1200 South Pine Island Road			F 8	. ÷	
	Planation , FI	33324		2019 OCT 28		
	C T Corporation System				Ţ.;	
	Enter name of NEW Registered Agent and/or NEW Registered		•	्रा स		
	NEW Registered Office Address:					
	1200 South Fine Island Road					
	Plantation , F	L		<u> </u>		
e chi scnt sas/w se sirt	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the following the limite of the limite	gistered of company, imited liab	it is hereby confirmed that the change(s) ility company or as otherwise provided company.	1	
Sign	ture of a member or authorized representative of a member			Printed or typed name of signee		
•	the of a member of minorized representative of a member of the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. C. T. Corporation System	ree to be perford the performance of the performanc	ict in this c mance of i n Chapter i confirm th	capacity. I further agree to comply with my duties, and I am familiar with and act of 505, F.S. Or, if this document is being that the limited liability company has bee	the cep iled n	
-Owner	Division of Corporations P.O.		327• Talla	hassee, FL 32314		

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