

M 110 000005384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
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DIVISION OF CORPORATIONS

12 JAN 12 PM 2:52



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 041608 7490443

AUTHORIZATION :

COST LIMIT \$122.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 12 PM 2:52

ORDER DATE : December 28, 2011

ORDER TIME : 10:43 AM

ORDER NO. : 041608-214

CUSTOMER NO: 7490443

CHANGE OF AGENT

NAME: NS/CSE SIESTA KEY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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: NS/CSE SIESTA KEY, LLC
2. (a) Principal office address of limited liability company: 399 Park Avenue
18th Floor
New York, NY 10022
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 399 Park Avenue
18th Floor
New York, NY 10022
(Note: **MAY BE POST OFFICE BOX**)

- 10/26/2011 M11000005384
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: C T Corporation System
- Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: Corporation Service Company
- NEW** Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cathell

(Signature of a member or authorized representative of a member)

Maureen Cathell- Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Grace E. Kirby

(Signature of Registered Agent) Corporation Service Company Grace E. Kirby, Assistant VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00