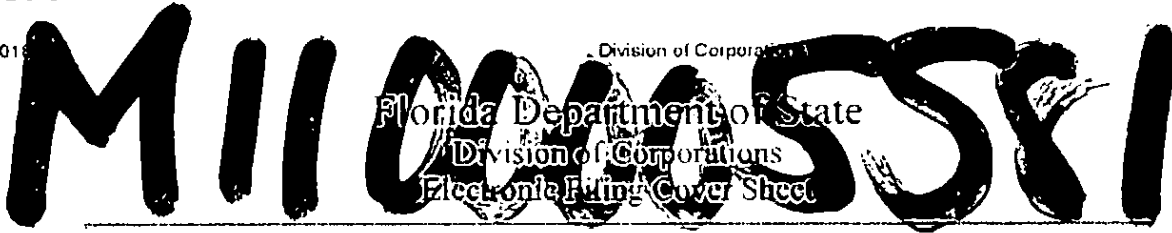


10/10/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
1615 ARBORS NORTH ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2018 OCT 10 AM 10:19
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TALLAHASSEE, FL
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JCS
10-10-18

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. Name of the limited liability company: 1615 ARBORS NORTH ASSOCIATES LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) c/o Draxxhall Mgt. Corp., 300 Lighting Way, Suite 210 Secaucus, NJ 07094 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) c/o Draxxhall Mgt. Corp., 300 Lighting Way Secaucus, NJ 07094

3. Date of filing/registration in Florida 11/4/2011 4. Document number M11000005581

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: REXHALL REALTY, LLC Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 300 71ST ST., #309 MIAMI BEACH, FL 33141

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

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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.

Signature of a member or authorized representative of a member: Natalie Pickens

Printed or typed name of signee: NATALIE PICKENS

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 605, 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: Sarah Revelle-Asst Secretary Signature of Registered Agent

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