

M120000002495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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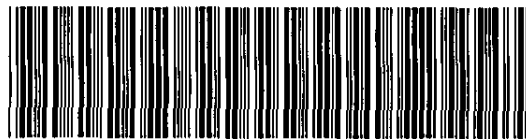
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL -6 PM 2:46

JUL 9 2012

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 267963 5320D

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 6, 2012

ORDER TIME : 3:39 PM

ORDER NO. : 267963-010

CUSTOMER NO: 5320D

CHANGE OF AGENT

NAME: TNHYIF REIV LIMA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: _____

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: TNHYIF REIV LIMA, LLC

2. (a) Principal office address of limited liability company: 44 SOUTH BROADWAY

(Note: MUST BE STREET ADDRESS)

10TH FLOOR
WHITE PLAINS NY 10601

(b) Mailing address of limited liability company: 44 SOUTH BROADWAY

(Note: MAY BE POST OFFICE BOX)

10TH FLOOR
WHITE PLAINS NY 10601

05/04/2012
3. Date of filing/registration in Florida

M12000002498
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CFRA, LLC

Registered Office Address: 100 S ASHLEY DRIVE
TAMPA FL 33602 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CFRA, LLC

NEW Registered Office Address: 100 S. ASHLEY DRIVE
(MUST BE FLORIDA STREET ADDRESS) SUITE 400
TAMPA, FL 33602

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]
Signature of a member or authorized representative of a member

Fung Lin
Printed or typed name of signer

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.

Signature of Registered Agent

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

FILED
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DIVISION OF CORPORATIONS
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