## M12000003886

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



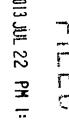
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SECRETARY OF STATE ALLAHASSEE, FLORIO

JUL 23 2013





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-037

Re: AP2012-LONGWOOD, 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: Evelyn Wright

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.

QUCA.XCOA

2013 JUL 22 PM 1:54
-SECRETARY OF STALE
FALLAHASSEE FLORIÐA

## 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. Na	me of the limited liability company: AP2012-LONG	VOOD, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4 Red Oak Lane, Suite 201 White Plains, NY 10604		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Red Oak Lane, Suite 201 White Plains, NY 10604	2013 JUL	
07/10/		M12000003886	22 PM ASSEE F	
3. Da	te of filing/registration in Florida	4. Document number	LORNI STAT	
5. (a	) Registered Agent and Registered Office shown on	the records of the Florida D		
	Registered Agent:	Capitol Corporate Services, Inc.		
	Registered Office Address:	155 Office Plaza Dr., Suite A	4	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office addre		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
		Tallahassee ,FL 32301		
confir and th liabili the m the op	limited liability company is not organized under the med that after the change or changes are made, the Fale business office of the registered agent will be identy company, it is hereby confirmed that the change(sembers of the limited liability company or as otherworking agreement of the limited liability company.	lorida street address of the r	registered office	
Printed	Priebe, Authorized Person or typed name of signce	_		
Signati	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the property of the obligations of my parties 608, F.S. Or, if this document is being filed to make the limited liability company of the company of Registered Agent about A. Dawson, Asst. Vice President	agree to act in this capacity. Oper and complete perform osition as registered agent a erely reflect a change in the ry has been notified in writir	I further agree to ance of my duties, is provided for in registered office ig of this change.	

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

INHS18 (05/08)