1112000003904

(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



100249729441

07/22/13--01019--010 **25.00

MILAHASSEE FLORING



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

AND SEE FLOW

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013.

Order#: 714327-029

Re: AP2012-GLEN OAKS, 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 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

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.

Ο,	,			
1. Na	me of the limited liability company: AP2012-GLEN C	DAKS, LLC		
		45.16.116.11	554	
2. (a)	Principal office address of limited liability company			
	(Note: MUST BE STREET ADDRESS)	White Plains, NY 10604		
				
4.5	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Dad Oak Lana Suita	204	
(b)		4 Red Oak Lane, Suite 201 White Plains, NY 10604		
		White Plains, NT 10004	20 28	
			「「当然」	
<u>07/10/</u>		M12000003904	A CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	
	te of filing/registration in Florida	4. Document number	22 F	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Pept. State:			
5. (u,				
	Registered Agent:	Capitol Corporate Servi	ces. Tric.	
	1.661316164 1.1661111		THE POLICE OF TH	
	Registered Office Address:	155 Office Plaza Dr., Su		
		Tallahassee, FL 32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>			
	NEW Registered Agent:	Corporation Service Co.	mpany	
	NEW Registered Office Address:	1201 Hays Street		
	(MUST BE FLORIDA STREET ADDRESS)	TEST TRAJE ST. ST.		
	MICOT DE L'ECHIDITATREET MESSY	Tallahassee	.FL 32301	
			,ı ı <u>s =====</u>	
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise agreement of the limited liability company.	lorida street address of t ical. Or, in the case of a	the registered office a Florida limited	
Printed	Priebe, Authorized Person or typed name of signee			
Signati	eby accept the appointment as registered agent and a with the provisions of all statutes relative to the promition of an am familiar with and accept the obligations of my power of the second of the second of the limited liability companion service Company and the limited liability companion of Registered Agent	gree to act in this capa oper and complete perfo sition as registered age rely reflect a change in y has been notified in w	city. I further agree to ormance of my duties, of as provided for in the registered office riting of this change.	
Eliza	abeth A. Dawson, Asst. Vice President			
	Division of Corporations, P.O. Box 63	327, Tallahassee, FL 3	2314	

FILING FEE: \$25.00

INHS18 (05/08)