M12000004760

. ((Requestor's Name)	
. ((Address)	*
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of St	ratus
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12 NOV -5 PM 4: 32 SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Expat Proper Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
SANJEEN Bhatia	
Expat Properties NA C	LC
1201 w feachtree s	5T
Atlanta, GA 30309 City/State and Zip Code	
Sanjeer Ba expat - group E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Sanjeev Bhatia Name of Person	at (<u>5761</u>) <u>827 - 9717</u> Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	
∑ (\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF STATE OF

Pursuant to the provisions of sections 608.416 or 608.508, Florida States, the undersigned limited liability company submits the following statement in order to change its egypered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Ftortaa.	
1. Name of the limited liability company: EXPA	T PROPERTIES NA CLC
2. (a) Principal office address of limited liability compar	ny: 375 PARK AUONUE
(Note: MUST BE STREET ADDRESS)	SULTE 2607 NEW YORK NY 10192
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	114 CATANIA WAY
(NOIE: MAI BE FOST OFFICE BOX)	
8/22/12	M12000004760
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dent. of State:
	·
Registered Agent:	CORPORATION SERVICE COMPAN
Registered Office Address:	1201 HAYS STREET
	TALLAHASSET, FL 32301
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	NIA
NEW Registered Office Address: (MUST RE-LOKIDA STREET ADDRESS)	
	,FL
If the limited liability company is not organized under the	e laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office
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 operating agreement of the limited liability company.	vise provided in the articles of organization or
fle +	A BAR S TOTAL S
Signature of a member or authorized representative of a member	
SANJCEV BYATTA Printed or typed name of signee	
I haraby accept the appointment as vegistared agent and	agree to act in this capacity. I from the regarder to
comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	proper and complete performance of modulies,
Chapter 608. F.S. Or, if this document is being filed to h	Journal of the state of the project and for the
address I have by confirm that the limited lightlity compa	nerety reflect a change in the registered office my has been notified in writing of this change

Signature of Registered Agent