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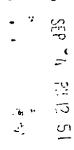
(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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S. PRATHER

COVER LETTER . .

TO:	D: Registration Section Division of Corporations					
SUBJI	Edwards Atlantic Avenue, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Susa	n Wilgus					
	Name of Person					
The E	Edwards Companies					
	Firm/Company					
495 8	South High Street, Suite 150					
	Address					
Colur	mbus, OH 43215					
	City/State and Zip Code					
swilg	us@edwardscompanies.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, plea	ase call:				
Susai	n Wilgus	614 241-2070				
	Name of Person	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 amount:					
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

'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: Edwards Atla	ntic Avenue, LLC	·	
2. (a	495 South High Street, Suite 150	(b) 495 South High Street, Suite 150		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
-	Columbus, OH 43215	Columb	us, OH 43215	
	10/03/2012	M120000	05545	
3.	Date of filing/registration in Florida	4.	Document number	
5. (NRAI Services, Inc.			
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Florida Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	Plantation FI.	33324	- · · · · · · · · · · · · · · · · · · ·	
(t	Henry B. Handler Enter name of NEW Registered Agent and/or NEW Registered Weiss, Handler & Cornwell, P.A.	Office address:		
	NEW Registered Office Address:		<u></u>	
	2255 Glades Road, Suite 218-A		_	
	Boca Raton, FL	33431-7392		
the cagen was/the a Sig / hei prov. the o to me	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the mature of a member authorized representative of a member weby accept the appointment as registered agent and agricious of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. To find in writing of this change.	the registered office ability company, it is of the limited liability limited liability con Dean Kissos	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. CFO Printed or typed name of signee activ. I further owere to comply with the	
Sign:	iture of Registered Agent			