## M150000002343

(Re	questor's Name)						
(Ãd	dress)	<del></del>					
(Ad	dress)						
(Cit	y/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	e)					
(Do	ocument Number)						
Certified Copies	_ Certificates	Certificates of Status					
Special Instructions to	Filing Officer:						

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 19, 2018

Order#: 508868-368

Re: NIC 4 THE PLAZA OWNER 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: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive 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 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.

(-/	1345 Ave. of the Americas		(b)		·			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	New York	N) 10105						
	04/15/2013			M130000	002343			
3.	Date of filing/regi	stration in Florida			Document number			
5. (a)	C T CORPORATION S	YSTEM						
( )	Registered Agent and Registered	Office shown on the records of	of the Florida I	Dept. of Star	te:			
	1200 SOUTH PINE ISLA	ND ROAD						
	Registered Office Address (A)	IUST BE FLORIDA STREE	T ADDRESS)					
							∞ □	
	PLANTATION	, I	FL 33324		- -	:: ::	DEC ?!	<u> </u>
(1.)	Corporation Condoo Com	B001/					, <u>an</u>	ļΠ
(b)	Corporation Service Com- Enter name of NEW Registered		ed Office addi	ress:	_	'	- <b>क</b>	
				<u> </u>		-	0	
	1201 Hays Street							
	NEW Registered Office Address	S:			-			
					_			
	Tallahassee	, F	FL 32301		_			
he cha agent w was/we he arti	mited liability company is a nge or changes are made, the fill be identical. Or, in the fre authorized by an affirma cles of organization or the c	ne Florida street address of a Florida limited trive vote of the members operating agreement of the street of th	of the regist liability con s of the limit	ered offic npany, it i ed liabilit	e and the business of is hereby confirmed to by company or as oth	ffice of that the	the reg change	gistered e(s)
	ure pl a member or authorized rep	Drie	Jill Ci	lmi, Autho	orized Person			
Signat	ure a member or authorized rep	oresentative of a member			Printed or typed name	of signee		
I hereb provisio	oy accept the appointment a ons of all statutes relative to gations of my position as ro ly reflect a change in the re	is registered agent and a o the proper and complet egistered agent as provid	gree to act i le performai led for in Cl	n this cap nce of my napter 60:	oacity. I further agre duties, and I am fam 5. F.S. Or, if this doc	e to con iliar wii cument i	nply w th and is bein	ith the accep g filed