## M1300000 2359

(Re	equestor's Name)						
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(3.2							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
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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#: 508868-323

Re: NIC 4 BALMORAL 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.

l.	Na	une of the limited liability company:	NIC 4 BALMORA	AL OWNER	LLC		
2	(a)	1345 Ave. of the Americas 45th Flr.		(b)			
	(14)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (0)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		New York	N\ 10105				
		04/15/2013		<u>M</u>	13000002359		
3.		Date of filing/registration in	ı Florida	4.	Document	number	
5.	(a)	C T CORPORATION SYSTEM					
	• •	Registered Agent and Registered Office sho	wn on the records of th	ne Florida Dep	t. of State:		
		1200 SOUTH PINE ISLAND ROAL	)				
		Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)			
		PLANTATION	, FL_	33324			
	(b)	Corporation Service Company		· · · · ·		$\vec{c}_{ij} = \vec{c}_{ij}$	
		Enter name of <u>NEW Registered Agent</u> and	or NEW Registered (	Mice address	:	05C	
		1201 Hays Street				22	
		NEW Registered Office Address:			<del></del>		
						7	
					<del></del>		
		Tallahassee	El	32301			
		Tollandoce	, r	32301			
the ag wa	ent was/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a creathorized by an affirmative vote cless of organization or the operating	street address of t Florida limited liat of the members of	he registere bility compa the limited	d office and the bu my, it is hereby cor liability company o	siness office of the registered of the change(s)	
		Die E agnie		Jill Cilmi	, Authorized Perso		
:	Signat	ure of a nember or authorized representative	of a member		Printed or typ	ped name of signee	
pri the to no	ovisi e obli mere tified	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in whiting of this change.	per and complete p agent as provided office address, I he	e to act in to performance for in Chap preby confir	his capacity. I furt, of my duties, and , ter 605, F.S. Or, i m that the limited l	her agree to comply with the I am familiar with and accept f this document is being filed liability company has been	
Si	gnatui	Tumber M. Baronce of Registered Sgent Corporation Services	vice Company	BY: Linds	ey M. Baronie, A	sst. Vice President	