M1300000 2366

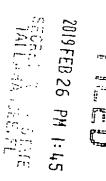
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(0
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900325271209

02/26/13--81025--001 **25.00



1



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: February 22, 2019

Order#: 508868-325

Re: NIC 4 BAYSIDE TERRACE LEASING 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.

2. (a)	1345 Ave. of the Americas 45th Flr. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	New York	N\ 10105				
	04/15/2013		M1:	3000002366		
3.	Date of filing/regis	tration in Florida	4,	Document numb	er	
5. (a)	C T CORPORATION SY	'STEM				
. (a)	Registered Agent and Registered	of State:				
	1200 SOUTH PINE ISLAN	ND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2019 FI	
	PLANTATION	,1	F1, 33324		EB 26	
(b)	Corporation Service Company				A PO	
	Enter name of NEW Registered	Agent and/or NEW Register	ed Office address:		PH 1:45	
	1201 Hays Street					
	NEW Registered Office Address:	:				
	Tallahassee		L:1 32301			
the cha	imited liability company is nange or changes are made, the vill be identical. Or, in the c	e Florida street address	laws of the State	l office and the business	s office of the registered	
was/w	ere authorized by an affirmaticles of organization or the o	tive vote of the member:	s of the limited I	iability company or as (otherwise provided in	
				Authorized Person		
1 here	ture of a member or authorized rep by accept the appointment as ions of all statutes relative to	s registered agent and a	ito nortarmanco-	Printed or typed na is capacity. I further a of my duties, and I am) wr 605, F.S. Or, if this n that the limited liabili	gree to comply with the amiliar with and accept	