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(Re	equestor's Name)	 			
(Ad	dress)				
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(Cit	ty/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
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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#: 508868-379

Re: NIC 5 FOREST OAKS 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.

2. (a)	1345 Ave. of the Americas		(b)	 		
	-	of limited liability company: <u>STREET ADDRESS</u>)		Mailing address of limit (Note: MAY BE PO.		
	New York	NY 10105				- -
	04/15/2013		M	13000002367		_
3.	Date of filing/regi	stration in Florida	4.	Document number	•	
5. (a)	CT Corporation System					
(,	Registered Agent and Registered		f the Florida Dep	t, of State:		
	1200 South Pine Island F	Road				
	Registered Office Address (A	IUST BE FLORIDA STREET	ADDRESS)			
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					050 S	\neg
	Plantation	, FI	L <u>33324</u>		C 21	i=-
(L)	Corporation Service Com	nany			rst 177	
(b)	Enter name of NEW Registered	·—-	d Office address		. က <u>ျှ</u>	<u> </u>
					\ ن	
	1201 Hays Street					
	NEW Registered Office Address	s:				
	Tallahassee	, FI	32301			
the cha agent v was/we	imited liability company is a inge or changes are made, the vill be identical. Or, in the ere authorized by an affirma cles of organization or the o	ne Florida street address o case of a Florida limited li tive vote of the members	f the registere iability compa of the limited	ed office and the business of any, it is hereby confirmed liability company or as other	office of the registered that the change(s)	d
	ture of a prember or authorized rep	Onie	Jill Cilmi	i, Authorized Person		_
				Printed or typed name	•	
provisi the obl to mere notified	by accept the appointment a ons of all statutes relative to igations of my position as re ely reflect a change in the re I in writing of this change.	o the proper and complete egistered agent as provide egistered office address, I	ree to act in to performance ed for in Chap hereby confir	his capacity. I further agr e of my duties, and I am far oter 605, F.S. Or, if this do m that the limited liability	ee to comply with the niliar with and accep ocument is being filed company has been) 1
Signatu	re of Registered Agent Corpora	Daronie. ntion Service Company	BY: Linds	ey M. Baronie, Asst. Vio	ce President	