## M13 CUCC 2369

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RIANH



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@cscqlobal.com

Date: December 19, 2018

Order#: 508868-372

Re: NIC 4 VILLAGE PLACE 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.

	ame of the limited liability c 1345 Ave. of the Americas				LC	
2. (a)	Principal office address of	of limited liability company:  STREET ADDRESS )	(b)		Mailing address of limite (Note: MAY BE POS	
	New York	N\ 10105				
	04/15/2013			M130000	002369	
3.	Date of filing/regis	stration in Florida	4.		Document number	
5. (a)	C T CORPORATION SY	/STEM				
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			te:		
	1200 SOUTH PINE ISLA	ND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
						: 👼
	PLANTATION	, F	I. 33324		-	DEC 21
(b)	Corporation Service Comp	oany			_	PR ED
	Enter name of NEW Registered	Agent and/or NEW Registere	d Office add	ress:	_	
	1201 Hays Street					0.
	NEW Registered Office Address	:			_	
	Tellebesses		. 22224		_	
	Tallahassee	, F.	1_ 32301		_	
the chagent was/w	limited liability company is range or changes are made, the will be identical. Or, in the cere authorized by an affirmaticles of organization or the cere authorized by an affirmaticles of organization or the cere authorized by an affirmaticles of organization or the cere authorized by an affirmaticles of organization or the cere authorized by an affirmaticles of organization or the cere authorized by an affirmatic organization or the cere authorized by a cere authorize	te Florida street address of a Florida limited litive vote of the members operating agreement of the	of the regist lability cor of the limi	ered offic npany, it ted liabili	e and the business of is hereby confirmed t ty company or as oth	Tice of the registered hat the change(s)
<del>-</del> -	Jue E ac		Jill C	ilmi, Autho	orized Person	
	iture of a member or authorized rep				Printed or typed name of	_
provis the ob to mer notifie	by accept the appointment a ions of all statutes relative to ligations of my position as re rely reflect a change in the re d in wyjting of this change.	o the proper and complete egistered agent as provide egistered office address, l	e performa ed for in C hereby co	in this cap nce of my hapter 60 nfirm that	pacity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
Signati	Jundrey M. Baure of Registered Ogent Corpora	tion Service Company	BY: Lii	ndsey M.	Baronie, Asst. Vice	e President