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| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (requestor s realite)                   |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Dushiess Entry Name)                   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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Office Use Only



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S. YOUNG



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#: 508868-383

Re: NIC 5 LAKE MORTON 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.

|   | ame of the limited liability  | •  |  |   | IER LLC  |                     |  | <u> </u>                             |
|---|---|--|--|---|--|---------------------|--|--------------------------------------|
| 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  | NY 10105   |  |   |  |                     |  |                                      |
|   | 04/15/2013  |  |  | M1300000                                    |  |                     | <b></b>                                |                                      |
| 3.  | Date of filing/reg  | istration in Florida   | 4.   |   | Document number  |                     |  |                                      |
| 5. (a)  | CT Corporation System   | n  |  |   |  |                     |  |                                      |
|   | Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta   |  |  |   | :  | IÀLL                | Ö                                      |                                      |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |  |   |  |                     | 339                                    |                                      |
|   | 1200 South Pine Island Road   |  |  |   |  |                     | 2                                      | ~7                                   |
| (b)   | Plantation , FL 33324   |  |  |   |  | ÁLLAHASSEL, FLORIDA | 造口                                     | -1                                   |
|   | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |   |  | 30 -<br>30 -        | 9: 94                                  |                                      |
|   | 1201 Hays Street  NEW Registered Office Address   | ss:  |  |   |  |                     |  |                                      |
|   | Tallahassee   | , FI   | L_32301  |   |  |                     |  |                                      |
| the cha<br>agent was/w<br>the art               | limited liability company is ange or changes are made, to will be identical. Or, in the ere authorized by an affirm icles of organization or the  | he Florida street address of a Florida limited lative vote of the members operating agreement of the                 | f the registe<br>iability com<br>of the limite             | ered office<br>ipany, it is<br>ed liability | and the business o<br>hereby confirmed<br>company or as oth                  | ffice of that the   | the reg<br>change                      | istered<br>c(s)                      |
| Sians   | Jill Cilmi, Autho   |  |  |   | ized Person Printed or typed name  | of ciones           |  |                                      |
| I here<br>provis<br>the ob<br>to mer<br>notifie | by accept the appointment ions of all statutes relative ligations of my position as it is reflect a change in the it d in writing of this change. | as registered agent and ag<br>to the proper and complet<br>registered agent as provid<br>egistered office address. I | ree to act in<br>e performan<br>ed for in Ch<br>hereby con | a this cana                                 | oity I further var   | ee to con           | nply w<br>th and<br>is bein<br>v has l | ith the<br>accept<br>g filed<br>been |
| Signatu   | are of Registered Agent Corpor  | ation Service Company  | BY: Lin  | dsey M. E                                   | Baronie, Asst. Vic   | ce Presid           | dent                                   |                                      |