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(Re	questor's Name)					
(Ad	dress)					
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OU)	cument Number)					
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JAN 15 2016 J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 12, 2016

Order#: 911807-039

Re: NEWMARK BUILDING SERVICES, 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 Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

1. N	ame of the limited liability company: _NE	WMARK BUIL	LDING S	ERVICES,	LLC			
2. (a)	125 PARK AVENUE		(b)	499 Par	k Avenue			
2. (a)	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) 1	10017	_	New York	k, NY 10022			
	04/16/2013			M1300000	02413			
3.	Date of filing/registration in Flo	orida	4.		Document number	r		-
5. (a	C T CORPORATION SYSTEM							
<i>5.</i> (a	Registered Agent and Registered Office shown or	n the records of th	ne Florida I	Dept. of State	:			
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLOR	IDA STREET A	DDRESS)					
	PLANTATION	, FL_	33324					स स्य दक्त
(b)	Corporation Service Company					· 表記	-	Experience.
(0,	Enter name of NEW Registered Agent and/or N	EW Registered (Office add	ress:		COT.	t	<u> </u>
						٠, ـــ	- N.C	
	1201 Hays Street		 -				**************************************	1.
	NEW Registered Office Address:					File	06	
	Tallahassee	, FL_	32301		•			
sign I her provi the oil to mee notifi	limited liability company is not organized lange or changes are made, the Florida strewill be identical. Or, in the case of a Florwere authorized by an affirmative vote of the ticles of organization or the operating agreement of member of authorized representative of a least accept the appointment as registered a sions of all statutes relative to the proper of the	eet address of tida limited lia he members of the lement of the lement of the lement agent and agreand complete int as provided to address, I he	the regist bility con f the limi limited li Dona ee to act performa I for in C ereby co	ered office mpany, it is ted liability com Priebe, Au Priebe, Au in this capance of my chapter 605 of that that the second secon	and the business of hereby confirmed company or as of a company. uthorized Person Printed or typed name and the business of the company.	office of that the herwise c of signe- ree to co miliar w ocument	the ree chan provide provide property property provides p	egistered ge(s) ded in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00