U363030 ge 1 of 1 06/11/2013 11:0. Division of Corpora Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H13000131884 3))) H130001316843ABC5 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : NRAI SERVICES, LLC Account Number : I20080000104 Phone : (302) 674-4089 Fax Number : (302)674-5266 **Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.* Email Address: sserna@crescentheights.com LLC REGISTERED AGENT CHANGE PM 12: 752 UWS HOLDINGS IL LLC RECEIVED Certificate of Status Û 0 Certified Copy I I NNC Page Count 01 Estimated Charge \$25.00 3 JUN 1 2 2013 Electronic Filing Menu Corporate Filing Menu Help J. BRYAN

https://efile.sunbiz.org/scripts/efilcovr.exe

6/11/2013

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: 752 UWS Holdings II. LLC.
- 2. (a) Principal office address of limited liability company: 2200 Biscovine Bouleverd (Note: MUST BE STREET ADDRESS) Miami, Florida 33137 (b) Mailing address of limited liability company: 2200 Blacayne Boulevard (Note: MAY BE POST OFFICE BOX) Miami, Florida 33137 June 10, 2013 M13000003630 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. Of State: **Registered Agent:** NRAI Services, Inc. 2731 Executive Park Orive, Suite 4

Weston, FI 3331

Registered Office Address:

NEW Demistered Agent:

(b) Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u>;

THE A TEBRIER A REAL	··	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	·
	Plantation	,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the onerating agreement of the limited liability company.	lorida street address (tical. Or, in the case () was/were authorized	of the registered office of a Florida limited d by an affirmative vote of
Signature of a member or authorized representative of a member	**•-'	
Bomie Hudson. sutharized representative Printed ar typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and 1 am familiar with and accept the obligations of my po Chapter 60% FIS. Or, if this document is being filed to me address, 1 become that the limited liability company Signature of Registered Agent	gree to gct in this cap oper and complete pe sition as registered a rely reflect a change y has been notified in	pacity. I further agree to rformance of my duties, igent as provided for in in the registered office writing of this change.
Division of Cornerations PO Box 63	27 Tollaharras El	39314

DOX 0347, Tallanassee, FL 323 **FILING FEE: \$25.00**

INHS18 (05/08)