Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE KRESSIN NORTH NEW YORK AVENUE, LLC

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Corporate Filing Menu

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OCT 22 2014

T CARTER

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	KRESSIN NORTH NEW YORK A	venue, LLC		
	Nam	e of Limited L	lability Company	
Dear Sir or N	fadam:			
The enclosed	Registered Agent/Registered Offi	ce Change and	fcc(s) are submitted for filing.	
Please return	all correspondence concerning this	s matter to the	following:	
Jan K. Gonda				
	Name of Person			
CT Corporation	on			
	Firm/Company		<u> </u>	
8020 Excelsio	or Drive, Suite 200			
	Address			
Madison, WI	53717			
	City/State and Zip Code			
jan gandal G	mail.com			
E-mail	address: (to be used for future ann	ual report noti:	lication)	
For further is	nformation concurring this matter,	please call;		
C'l' Corporatio	Òπ	877 at (467-3525	
	Name of Person		Area Code & Daytime Telephone Number	
Regi	EET/COURIER ADDRESS:	Ri	AILING ADDRESS: gistration Section	
	sion of Corporations on Building		Division of Corporations P.O. Box 6327	
2661	Executive Center Circle shassee, Florida 32301	Ta	Ilahassee, Plorida 32314	
Enc	losed is a check for the following	umount:		
CL \$:	25 Filing Fee	üs	55 Filing Fee & Certified Copy	
INHS18 (2/14				

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 ogent, or both, in the State of Florida.

Z. (a) _					
		(b)	_ 		
	Principal office address of limited liability company: (Nate: MUST HE STREET ADDRESS)	(⁰)	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)		
	10404 STRATHMORE PARK COURT, #101	10	404 STRATHMORE PARK CO	URT, #101	
	NORTH BETHESDA, MD 20852	NO.	ORTH BETHESDA, MD 20852	BETHESDA, MD 20852	
1	U6/26/2013	M13	1000D04097		
3. -	Date of filing/registration in Florida	4. —	Document number		
5. (a)	•				
	Registered Agent and Registered Office shown on the records o	of the Plorida Dep	L of Statu:		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)			
	1200 SOUTH PINE ISLAND ROAD	····			
	PLANTATION	13324		7 70	
ъэ [°]	C T Corporation System			LLAHASS	
*-/ W	Enter name of NEW Registered Asent and/or NEW Registers	ed Office address		2 3	
				SEE.	
	NEW Registered Office Address:			Y OF STAI EE. FLORI AM 10: 4	
	1200 South Pine Island Road			ORI ORI	
			•	DA POA	
	Plantation	33324			