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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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**S Warren** DEC 1 9 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 14, 2016

Order#: 409867-001

Re: 190 NORTH OLD CORRY FIELD ROAD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25...

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: Janis M. Smith 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.

Name of the limited liability company: 190 NORTH OLD CORRY FIELD ROAD, LLC							
2.	(a)	40 Wall Street, 60th Floor	(b	o)			
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		New York, NY 10005	<del>-</del>				
		07/02/2013	_	M130000	04232		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Corporations Depot					
	(4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- e:		
		240 NW Peacock Boulevard					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		Suite 102					
		Port Saint Lucie , FL	34986	3			
	(b)	Corporation Service Company		· · · · · · · · · · · · · · · · · · ·	E B P		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	LED  ARY OF STATE  SSSTELLORIDA		
		1201 Hays Street			<b>&gt;</b>		
		NEW Registered Office Address:					
					-		
		Tallahassee , FL	32301		-		
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi: bility co f the lim	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
/s/ Yaakov Beyman			Yaa	ikov Beyma	n, Authorized Person		
	•	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change.	ee to act perform I for in ( nereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Si	gnatu	section Service Company	BY S	vlvia Ouen	met. Asst. Vice President		

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