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(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
,		-,
	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
FACE AN ASSECT FRORD



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: March 13, 2014

Order#: 029082-018

Re: 1550 NORTH ATLANTIC LESSEE, 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: Morgan Kennedy

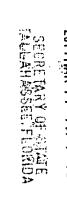
c/o Corporation Service Company
2711 Centerville Road, Suite 400

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, 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:	1550 NORTH AT	LANTIC LESSEE, LLC	
2. (a) Principal office address of limited l	iability company: <u>PRESS</u>)			
(Note: MUST BE STREET ADDI		N PALM BEACH	FL 33408	
(b) Mailing address (Note: MAY B	of limited liability of the post of the po			
08/26/2013			M13000005364	
3. Date of filing/registr	ation in Florida	. 4	. Document number	
5. (a) Registered Age	nt and Registered O	ffice shown on th	ne records of the Florid	a Dept, of State:
Registered Ager	nt:		NATIONAL CORPORAT	E RESEARCH LTD., IN
Registered Office Address:			155 OFFICE PLAZA DR	
			TALLAHASSEE	323 <u>01</u>
(b) Enter name of N	EW Registered Ag	gent and/or NEW	Registered Office ad	dress 200
<u>NEW</u> Registere	d Agent:		Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		DDRECC)	1201 Hays Street	
		DDKE33)	Tallahassee	,FL_32301
If the limited liability co confirmed that after the and the business office liability company, it is the members of the limit the operating agreement.	change or changes of the registered age hereby confirmed th ited liability compar	are made, the Floent will be identicated the change(s) by or as otherwise lity company.	orida street address of the	he registered office Florida limited
	·	tember		
Printed or typed name of signe		·		
I hereby accept the appropriate the comply with the provision and I am familiar with a Chapter 605, F.S. Or, address, Thereby confirms:	ons of all statutes re and accept the oblig if this document is b rm that the limited h	elative to the projections of my posi- emg filed to mer ability company	per and complete perfo ition as registered ager ely reflect a change in i has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
Signature of Registered Agent	Corporation Serv	ice Company \	Asst VP	

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