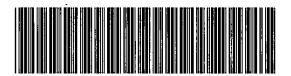
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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JANO 7 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: December 31, 2015

Order#: 911804-021

Re: 9701 COLLINS, 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.

OUCA.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.

2 (a)	4999 PARK AVENUE		(b)	
(u)	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	N\ 10022		
	02/05/2014		M14	4000000814
3.	Date of filing/registra	tion in Florida	4.	Document number
5. (a)	C T CORPORATION SYST	EM		
` '	Registered Agent and Registered Off	ice shown on the records	of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND	ROAD		
	Registered Office Address (MUS	T BE FLORIDA STREE	ET ADDRESS)	
				ALC. 2016
	PLANTATION		FL 33324	De Santo
				Six of Figure
(b)	Corporation Service Compan Enter name of <u>NEW Registered Age</u>	•	rad Office address:	
	Enter hanc of MEW Registeres Age	in and of NEW Register	red Office address.	
	1201 Hays Street			Ş# 5
	NEW Registered Office Address:			
	Tallahassee	,	FL 32301	<u></u>
he cha igent v vas/w	ange or changes are made, the F will be identical. Or, in the case ere authorized by an affirmative cles of organization or the oper	lorida street address of a Florida limited vote of the member ating agreement of t	of the registered l liability compan s of the limited li he limited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registerery, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Bebe, Authorized Person
Signa	tule of a hember as uthorized represe	ntative of a member		Printed or typed name of signee
provisi he obl o merc	ons of all statutes relative to th	e proper and comple	ete performance o	is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed that the limited liability company has been