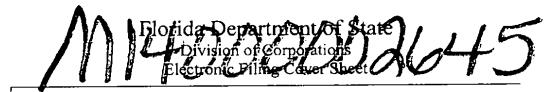
90



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.

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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number : 075350000353 : (800)221-2972 8 : (888)692-9256 Fax Number **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REGENCY NASSIM LLC Certificate of Status 0

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$30.00

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	(1-4 must be completed)
Name of limited liability Company as it appears of State: Regency Nassim LLC	on the records of the Florida Department of
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED SEGRET AT SEGRET AT
	M14000002645
2. The Florida document number of this limited liab	ility company is:
New York	<u> </u>
4. Date authorized to do business in Florida: 04/	17/2014
SECTION II (5-9 complete only the applicable c	hanges)
	contain "Limited Liability Company," "L.L.C.," or "LLC.")
must contain "Limited Liability Company," "L.L.C	
registered agent and/or the new registered office at	d officer address on our records, enter the name of the new ldress here: RGEXCELSIOR CORPORATE SERVICE
Name of New Registered Agent: DECONDET	CE PLAZA DRIVE, 1st FI.
New Registered Office Address:	Enter Florida Street Address 32301
17	ALLAHASSEE , Florida 32301 City Zip Code
the provisions of all statutes relative to the proper	and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
		·	Add	
			Remov	
			DAdd	
	·		SECRETARY SECRETARY SECRETARY SECRETARY SEC	
			P. S.	
			Add	
			Remove	
			Add	
			Remov	
aforementioned at	ficate, if required: no more than 9 nendment(s), duly authenticated the law of which this entity is org	by the official having custody of reco	ords in the	

Filing Fee: \$25.00

Typed or printed name of signee



June 22, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

REGENCY NASSIM LLC 747 MIDDLE NECK ROAD, SUITE 200 GREAT NECK, NY 11024

SUBJECT: REGENCY NASSIM LLC

REF: M14000002645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: B18000185031 Letter Number: 218A00013022

