

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

400305529504

11/15/17--01014--004 +\*25.00



Office Use Only



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 10, 2017

Order#: 892958-078

Re: NORTHWOOD RAVIN LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  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: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive 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.

I. Na	me of the limited liability company: <u>NORTHWOOD I</u>	RAVIN LLC	
2. (a)	127 Scaleybark Road Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX</u> )
	Charlotte NC 28209		
	11/05/2014	M140	000008041
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
()	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	f State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(DDRESS)</u>	
•	Plantation FL	33324	
(L)	Corporation Service Company		<b>17</b>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> .	Office address:	Nov F
			20 v 15 □
	1201 Hays Street		(T)
	<u>NEW</u> Registered Office Address:		
			26 26
	Tallahassee FL	32301	
the cha agent ' was/w	limited liability company is not organized under the lav ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State of the registered of ability company of the limited lia	office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Xee & aque		Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company	BY: Grace E. Kirby, Asst. Vice President
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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	Registered Office Addre		EET ADDRESS)	<u> </u>		
-	6					
		······				
	Plantation		FL33324			
•						
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Enter name of <u>NEW Res</u>	<u>eistered Agent</u> and/or <u>NEW Regis</u>	stered Office address:			
	1001 Have Street					
	1201 Hays Street <u>NEW</u> Registered Office	Address	<u></u>			
	MM Registered office	, roures.				
		·				
	Tallahassee	······································	_, FL32301			
the ch agent was/w	ange or changes are m will be identical. Or, sere authorized by an a	ade, the Florida street addre in the case of a Florida limit	ess of the registered ( ted liability company bers of the limited lia	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company		
the ar		G One				
	$\Lambda = C$	rized representative of a member		Authorized Person Printed or typed name of signee		
,,	, ( )	and the second	d agree to act in thi	s connective. I further aurea to comply with the		
provis the ob to me	ely accept the appoint sions of all statutes rei bligations of my position rely reflect a change i ed in writing of this ch	alive to the proper and com on as registered agent as pro n the registered office addre	plete performance o ovided for in Chapte oss, I hereby confirm	f my duties, and I am familiar with and accept f my duties, and I am familiar with and accept f 605, F.S. Or, if this document is being filed that the limited liability company has been		
-	Marco Tokub		_			

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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