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## 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.

1. Na	ame of the limited liability company: NORSTAR EA	STWOOD FLA, L	LC	
2. (a)		(b)		
<i>z.</i> (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7077 KEELE STREET, SUITE 102	7077 1	7077 KEELE STREET, SUITE 102 CONCORD, ON (CANADA) LK-0B6 XX	
	CONCORD, ON (CANADA) LK-0B6 XX	CONC		
	11/13/2014	M14000008216		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Orlans, Jeffrey Mark			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>	
	4590 Winkler Avenue		925	
	Fort Myers	33966	: :	
		L		
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	<del></del>	
	Corporation Service Company		50	
	NEW Registered Office Address:			
	1201 Hays Street		<u> </u>	
	Tallahassee , F	L <sup>32301</sup>		
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered office iability company, of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in	
	Jeffrey Orlans	Jeffrey Orla		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to act in this c performance of r ed for in Chapter ( hereby confirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed not the limited liability company has been	
	re of Registered Agent			

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