Division of Corporations

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(((H15000271363 3)))



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Division of Corporations Fax Number

: (850)617-6383

From:

Phone

(850)205-8842

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

RE-SUBMIT

Please retain original filing

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE 200 SOUTH OCEAN BLVD 2014 LLC

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---------------------------------------|--|--|--|
| SUBJECT: 200 SOUTH OCEAN BLVD 2014 LLC Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Eileen M. Capone | | | | |
| Name of Person | | | | |
| Inclemberg Investments LLC | | | | |
| Firm/Company | | | | |
| 400 Royal Palm Way, Suite 212 | | | | |
| ACIN DEACH Address | | | | |
| Tallahassee, FL 33480 | | | | |
| City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| ETUEN M. CAPONE at (914) 282 3152 Name of Person Area Code & Daytime Telephone Number | | | | |
| , | • | | | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | | | |
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11/16/2015 11:13:59 AM From: To: 8506176383(2/4) 850-817-8381 11/18/2015 8:28:16 AM PAGE 1/001 Fax Server



November 16, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

200 SOUTH OCEAN BLVD 2014 LLC C/O PAUL, WEISS LLP 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019

SUBJECT: 200 SOUTH OCEAN BLVD 2014 LLC

REF: M14000008315

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 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. #: H15000271363 Letter Number: 115A00024076

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2015 HOV 13 AM 9: 25

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. N | Name of the limited liability company: 200 SOUTH OC | EAN BLVD 2014 L | LC |
|---|---|---|---|
| 2. (a) | Inclenberg Investments LLC | (b) | • |
| 2. (a | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 400 Royal Palm Way , Suite 212 | | |
| | Palm Beach, FL 33480 | | |
| | 11/18/2014 | M140000 | 10831 <i>5</i> |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (e | NATIONAL CORPORATE RESEARCH, LTD., INC. | | |
| J. (E | Registered Agent and Registered Office shown on the records of | the Florida Dept. of S | itate: |
| | | | - ALS 20 |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 115 North Calhoun St., Suite 4 | | |
| | Tallahassee | 32301 | |
| (b) | CT Corporation System Enter name of NEW Registered Attent and/or NEW Registered | d Office address: | AN 9: 25 EFLORIDA |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | |
| | Plantation | 33324 | - |
| sign Sign I heroprovis the old forme notific CTCBy: | | f the registered off lability company, is of the limited liability company, is limited liability company of the limited liability company of the limited liability consists of the liability confirm the lie Bryan ant Secreta. | rice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |
| | | 601 032/• 14/184 EE: \$2 5.00 | nassety I'll JEJIT , |

INHS18 (2/14)