M15000000612

| (Requestor's Name) | | |
|---|----------------|-----------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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DEC O 8 2015 J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| RS JZ WYNWOOD NW2, LLC SUBJECT: | | | |
| Name of Limited Liability Company | | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Change and | I fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| LAUREN GOLEMBIOSKI | | | |
| Name of Person | | | |
| JONATHAN BERNSTEIN CONSULTING CORP | | | |
| Firm/Company | | | |
| 5090 PGA BLVD., STE 308 | · | | |
| Address | | | |
| PALM BEACH GARDENS, FL 33418 | | | |
| City/State and Zip Code | | | |
| LAUREN@BERNSTEINCORP.COM | | | |
| E-mail address: (to be used for future annual report not | fication) | | |
| For further information concerning this matter, please call: | | | |
| KYLE WEISMANTLE at (| 2496368 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| Registration Section R Division of Corporations D Clifton Building P | IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | |
| 2 \$25 Filing Fee □ 5 | \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

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. 1 | Name of the limited liability company: RS JZ WYNV | WOOD NW2, LLC |
|--|--|---|
| 2. (a |) | (b) |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: |
| | 5070 PGA BLVD., SUITE 204 | (Note: MAY BE POST OFFICE BOX) 5070 PGA BLVD., SUITE 204 |
| | | |
| | PALM BEACH GARDENS, FL 33418 | PALM BEACH GARDENS, FL 33418 |
| | JANUARY 26, 2015 | M15000000612 |
| 3. | Date of filing/registration in Florida | 4. Document number |
| 5. (a | , JONATHAN BERNSTEIN CONSULTING C | ORP. |
| ٥. (د | Registered Agent and Registered Office shown on the records of | f the Florida Dept. of State: |
| | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | (ADDRESS) |
| | 5070 PGA BLVD., STE 204 | |
| | PALM BEACH GARDENS , FI | |
| (b | JONATHAN BERNSTIEN CONSULTING CO | |
| Enter name of NEW Pagistared Agent and/or NEW Pagistared Office address: | | |
| | | To P |
| | NEW P LOW | |
| | NEW Registered Office Address: | 33. |
| | 5090 PGA BLVD., STE 308 | |
| | PALM BEACH GARDENS , FL | L33418 |
| the cl agent was/v the ar | nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the | LAUREN GOLEMBIOSKI |
| _ | nature of a member or authorized representative of a member | Printed or typed name of signee |
| provi the oi to me notifi | eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. Ture of Registered Agent | ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been |