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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 19, 2018

Order#: 508869-180

Re: SNR 24 VENETIAN GARDENS OWNER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Baronie 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.

	ame of the limited liability of		TIAN GARDE	NS OWNER LLC
2. (a)	•	s 45th Flr. of limited liability company: STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York	NY 10105		
	02/02/2015		M1	500000823
3.	Date of filing/regi	istration in Florida	4.	Document number
5. (a)	CT Corporation System	1		
J. (u)	Registered Agent and Registered	· · · · · · · · · · · · · · · · · · ·	f the Florida Dept	. of State:
	1200 South Pine Island F	Road		
	Registered Office Address (A		ADDRESS)	
	Plantation	, F	L <u>33324</u>	AN DEC
(h)	Corporation Service Com	inany		22
(b)	Enter name of NEW Registered		d Office address:	
	1201 Hays Street			
	NEW Registered Office Addres	(8)		—— —— —— —— —— —— —— —— —— —— —— —— ——
	Tallahassee	100	1 22201	
	Tallallassee	, r.	L_32301	
the cha agent v was/wa the arti	ange or changes are made, the will be identical. Or, in the cere authorized by an affirmaticle of organization or the content.	he Florida street address of case of a Florida limited the ative vote of the members operating agreement of the	of the registered iability compator of the limited to limited liabil	
Signa	ture of a nember or authorized re	presentative of a member	Jili Cilrii,	Authorized Person Printed or typed name of signee
I here provisi the obt to mer notifie	by accept the appointment of	as registered agent and ag to the proper and complet registered agent as provid egistered office address, I	e performance ed for in Chap Thereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or. if this document is being filed m that the limited liability company has been
Signatu	re of Registered Went Corpora	ation Service Company	BY: Lindso	ey M. Baronie, Asst. Vice President