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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@cscqlobal.com

Date: December 19, 2018

Order#: 508869-176

Re: SNR 24 STERLING COURT 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.

I. N	ame of the limited liability of		RLING COUR	T OWNER LLC
2. (a)	1345 Ave. of the Americas 45th Flr. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York	NY 10105		
	02/02/2015			115000000826
3.	Date of filing/regis	tration in Florida	4,	Document number
5. (a)	CT Corporation System			
5. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:			
	1200 South Pine Island R			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Plantation	F	L33324	21 DEC 21 P &
(b)				
	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u>			
	1201 Hays Street	The state of the s	W VAINCE BOWLE.	
	NEW Registered Office Address	:		.
	Tallahassee	ŗ	L 32301	
he cha agent v was/we he arti	imited liability company is nange or changes are made, the will be identical. Or, in the cere authorized by an affirmaticles of organization or the o	not organized under the la e Florida street address o ase of a Florida limited I live vote of the members perating agreement of the	iws of the Sta of the register iability comp of the limited	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in illity company.
				ni, Authorized Person
				Printed or typed name of signee
provisi he obl o mero iotifieo	ons of all statutes relative to ligations of my position as re ely reflect a change in the re d in writing of this change.	the proper and complete gistered agent as provide gistered office address, l	ree to act in e performanc ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	re of Registered Ogent Corporat	Aon La tion Service Company	BY: Lind	sey M. Baronie, Asst. Vice President