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J. HARRIS

COVER LETTER

	egistration Section ivision of Corporations			••		
SURIFC	Sanford Oregon, LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir o	or Madam:			·		
The enclo	sed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please reti	urn all correspondence concerning th	is matter to tl	ne following:			
Jocelyn	C. Beckman					
	Name of Person					
ARC Pro	operties					
· ·	Firm/Company					
1401 Br	oad Street					
	Address					
Clifton, I	NJ 07013					
	City/State and Zip Code					
jbeckma	n@arctrust.com					
E-ma	ail address: (to be used for future ann	ual report no	tification)			
For furthe	r information concerning this matter,	please call:				
Jocelyn	C. Beckman	973 at (249-8016)			
	Name of Person		Area Code & Daytime Teleph	one Number		
Re Di CI 26	rreet/Courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Eı	nclosed is a check for the following	amount:				
Ø	\$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy			
INDICTO /1	(1.4)					

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 10/14	Sanford Orego	on, LL	.C	
	ame of the limited liability company:			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1401 Broad St	_ (b) 1401 Br	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) road St
	Clifton, NJ 07013	_	Clifton, I	NJ 07013
	07/01/2015		M150000	005166
3.5. (a)	Date of filing/registration in Florida United Corporate Services, Inc.	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the 9200 S Dadeland Blvd	he Florid	ia Dept. of State	te:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	- 16 17. 18. 18.
	Miami , FL	33156	3	AUG AUG
(b)	NORTHWEST REGISTERED AGENT LLC			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office at	<u>idress</u> :	PH 1:5
	3030 N. Rocky Point Drive, STE 150A NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
			<u>-</u>	_
	Tampa , FL	3360	7	·
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility c f the lir limited	istered office ompany, it is nited liability	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change	ee to ac perforn I for in ereby c	et in this cape nance of my c Chapter 605 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Tom Glover –Assistant Secretary re of Registered Agent			