M1500005170

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	p #)			
PICK-UP	■ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		<u> </u>			

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COVER LETTER

	gistration Section vision of Corporations		•	. · · · · · · · · · · · · · · · · · · ·			
SUBJECT	Winter Park University 6503PT, LLC						
		ne of Limite	d Lia	bility Company			
Dear Sir o	Madam;			,			
The enclos	ed Registered Agent/Registered Off	ice Change	and fe	ee(s) are submitted for filing.			
Please retu	rn all correspondence concerning th	is matter to	the fo	ollowing:			
Jocelyn (C. Beckman						
	Name of Person			_			
ARC Pro	perties						
	Firm/Company	 ,		-			
1401 Bro	pad Street						
	Address		,	-			
Cliftón, N	JJ 07013						
	City/State and Zip Code			-			
jbeckmai	n@arctrust.com						
E-ma	il address: (to be used for future ann	ual report n	otifica	ation)			
For further	information concerning this matter,	please call	:				
Jocelyn (C. Beckman	973		249-8016			
	Name of Person			Area Code & Daytime Telephone Number			
Re Div Cli 266	gistration Section vision of Corporations fron Building 61 Executive Center Circle llahassee, Florida 32301	,	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
En	Enclosed is a check for the following amount:						
Ø	\$25 Filing Fee		\$55	Filing Fee & Certified Copy			

INHS18 (2/14)

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. Na	winter Park me of the limited liability company:	CUniversity 65	503PT, LLC		
2. (a)		(b)			
(()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1401 Broad St	140	01 Broad St		
	Clifton, NJ 07013	Cli	ifton, NJ 07013		
	07/01/2015	M15	5000005170		
3.	Date of filing/registration in Florida United Corporate Services, Inc.	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records 9200 S Dadeland Blvd	of the Florida Dept.	:. of State:		
	Registered Office Address (MUST BE FLORIDA STREE STE 508	T ADDRESS)			
	Miami , I	33156 FL			
(b)	NORTHWEST REGISTERED AGENT LI	LC			
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:			
	3030 N. Rocky Point Drive, STE 150A		OF STATE		
	NEW Registered Office Address:		ATE DRIDA		
	Tampa , I	_{FL} 33607			
he cha igent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members clee of organization or the operating agreement of the street of th	of the registered liability compar s of the limited l he limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
Signal	ture of member or authorized representative of a member		Printed or typed name of signee		
provisi he obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide by reflect a change in the registered office address, d in writing of this change.	Te performance ded for in Chapt	of my duties, and I am familiar with and accept ter 605, F.S. Or. if this document is being filed		
To-	CLTom Glover –Assistant Secretary				
Signatu	re of Registered Agent				