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SECRETARY OF STATE ORIDA

Chilliana

COVER LETTER

TO: Registration Section Division of Corporations				
Ocala College, LLC SUBJECT:				
	me of Limited L	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning to	his matter to the	following:		
Jocelyn C. Beckman				
Name of Person				
ARC Properties				
Firm/Company				
1401 Broad Street				
Address				
Clifton, NJ 07013			is SECT TALL	
City/State and Zip Code			AUG 11 RETARI	
jbeckman@arctrust.com				
E-mail address: (to be used for future an	nual report notif	cation)	PSTA FLOR	
For further information concerning this matter	, please call:		3. 1.2	
Jocelyn C. Beckman	973	249-8016		
Name of Person	at (Area Code & Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:			
2 \$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	Ocala Colleg	je, LLC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1401 Broad St Clifton, NJ 07013	1401 [1401 Bro	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Broad St , NJ 07013	
	07/01/2015		M	1150000	05178	
3.5. (a)	Date of filing/registration in Florida United Corporate Services, Inc.	4.			Document number	
J. (u)	Registered Agent and Registered Office shown on the records of 9200 S Dadeland Blvd	the Flori	da D	ept. of State		
	Registered Office Address (MUST BE FLORIDA STREET) STE 508	ADDRES	<u>SS)</u>			
	Miami, Fl	3315	6		SE SE	
(b)	NORTHWEST REGISTERED AGENT LL				NG CRETA LANA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 3030 N. Rocky Point Drive, STE 150A	l Office a	<u>iddr</u>	ess:	LED II PR RYOFS SSEE, FL	
	NEW Registered Office Address:				3: 4.2 TATE ORIDA	
	Tampa , FI	3360)7			
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regiability of the line limited	giste com mite I lia	red office ipany, it is ed liability bility complyn C. Be	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
herei provisi the obl to mere	the of a member or authorized representative of a member by accept the appointment as registered agent and agens ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	e perforn ed for in	man Ch	this capa ce of my d apter 605,	luties, ånd I am familiar with and accept F.S. Or, if this document is being filed	
Signatu	Tom Glover –Assistant Secretary re of Registered Agent					