M5000561

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

| TO: | Registration Section Division of Corporations | | , | |
|--------|--|---|----------------------------------|-------------|
| SUBJ | Sanford Towne 110MFAF, L | LC. | | |
| SCDS | | me of Limited L | iability Company | 177798700 |
| Dear S | Sir or Madam: | | | |
| The er | nclosed Registered Agent/Registered Of | fice Change and | fee(s) are submitted for filing. | |
| Please | return all correspondence concerning the | nis matter to the | following: | |
| Joce | lyn C. Beckman | | | |
| | Name of Person | | <u> </u> | |
| ARC | Properties | | | |
| | Firm/Company | | | |
| 1401 | Broad Street | | | 至治 |
| *** | Address | | | AUG CRET |
| Clifto | n, NJ 07013 | | | ある 一口 |
| | City/State and Zip Code | | | Y OF STA |
| jbeck | man@arctrust.com | | | ORITO S |
| I | E-mail address: (to be used for future and | nual report notif | ication) | A 00 |
| For fu | rther information concerning this matter | , please call: | | |
| Jocel | yn C. Beckman | 973 | 249-8016 | |
| | Name of Person | at (|) | 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: | | |
| | ■ \$25 Filing Fee | □ \$5 | 55 Filing Fee & Certified Copy | |
| INHS1 | 8 (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. | Name of the limited liability company: | owne 110MFAF, LLC |
|--|--|---|
| 2. (a | a) | (b) |
| (0 | 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 | 1401 Broad St |
| | Clifton, NJ 07013 | Clifton, NJ 07013 |
| | 07/01/2015 | M15000005181 |
| 3. 5. (a) | Date of filing/registration in Florida United Corporate Services, Inc. | 4. Document number |
| ν. (| Registered Agent and Registered Office shown on the record 9200 S Dadeland Blvd | ds of the Florida Dept. of State: |
| | Registered Office Address (MUST BE FLORIDA STRE STE 508 | 是 是 |
| | Miami | 33156 SSS = M |
| (b | NORTHWEST REGISTERED AGENT I | -1 |
| | Enter name of NEW Registered Agent and/or NEW Register | |
| | 3030 N. Rocky Point Drive, STE 150A | |
| | NEW Registered Office Address: | |
| | Tampa | , _{FL} 33607 |
| the clagent was/v | hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limite | e laws of the State of Florida, it is hereby confirmed that after as of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in |
| 8lgi | nature of a member or authorized representative of a member | Printed or typed name of signee |
| provi the o to me | reby accept the appointment as registered agent and isions of all statutes relative to the proper and complebiligations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change. | l agree to act in this capacity. I further agree to comply with the volete performance of my duties, and I am familiar with and accep vided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been |
| Signa | Tom Glover –Assistant Secretary | |