M1500005254

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COVER LETTER

	Registration Section Division of Corporations	,	e e e e e e e e e e e e e e e e e e e	
SURIF		Winter Park University 6245P, LLC Name of Limited Liability Company		
SCDJE	Nar			
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	is matter to the	following:	
Jocely	n C. Beckman			
	Name of Person			
ARC F	Properties			
	Firm/Company		_	
1401 E	Broad Street			
	Address		_	
Clifton	, NJ 07013			
	City/State and Zip Code			
jbeckm	nan@arctrust.com			
E-1	nail address: (to be used for future ann	ual report notif	ication)	
For furth	ner information concerning this matter,	please call:		
Jocely	n C. Beckman	973 at (249-8016	
	Name of Person		Area Code & Daytime Telephone Number	
]	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
1	Enclosed is a check for the following	amount:		
í	■ \$25 Filing Fee	□ \$5	5 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 ame of the limited liability company:	University 6245P, LLC
2. (a)		··· (b)
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1401 Broad St	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1401 Broad St
	Clifton, NJ 07013	Clifton, NJ 07013
	07/06/2015	M15000005254
3. 5. (a)	Date of filing/registration in Florida United Corporate Services, Inc.	4. Document number
, (u)	Registered Agent and Registered Office shown on the records of 9200 S Dadeland Blvd	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET STE 508	'ADDRESS)
	Miami, FI	33156 L
(b)	NORTHWEST REGISTERED AGENT LLC	C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	The same of the sa
	3030 N. Rocky Point Drive, STE 150A	5
	NEW Registered Office Address:	I: 32.
	Tampa , FI	L 33607
he cha ngent was/we he arti	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lim	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	ure of a member or authorized representative of a member	Printed or typed name of signee
provisi he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatur	Tom Glover –Assistant Secretary	