M150000	05832
(Requestor's Name) (Address) (Address)	300305529443
(City/State/Zip/Phone #)	<i>11≓15≓1701014010 **25.00</i>
Certified Copies Certificates of Status	<b>17 NOV IS AN 7: 03</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	

CSC

' CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

> 800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 10, 2017

Order#: 892958-174

Re: NR FLORIDAYS PROPERTY OWNER LLC

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

 $\frac{XX}{XX}$  File in your office on a routine basis.  $\frac{XX}{XX}$  Issue Proof of Filing.

XX \_\_\_\_ Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

- - - - - - \_ \_ \_

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.

۱.	Name of the limited liability company: _NR FLORIDAY	S PROPERTY	OWNER LLC
2. (	a) 1819 Wazee, 2nd Floor	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
			( <u></u>

	Denver	<u> </u>	80202				
	07/23/2015			N	115000005832		
3.	Date of fil	ing/registration	in Florida	4.	Document	t number	
5. (a	a) <u>CTCorporation</u>	System					
	Registered Agent and I	Registered Office sl	nown on the record	s of the Florida De	pt. of State:		
٠	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					IÝT SEC IÁ	
	Plantation		,	FL <u>33324</u>		NOV 15 RETARY AHASSI	
(b	) <u>Corporation Servi</u>	ce Company				<u> </u>	j zegt
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u>s</u> :	e.FLO	मन् भग	
	1201 Hays Street					7:01 SIATE LORID	41. P
	NEW Registered Office Address:					سويتين. ا	
	<u> </u>			·	<del></del>		
	Tallahassee			FL 32301			
the cl agent was/v	nange or changes are will be identical. Or	made, the Florid , in the case of affirmative vol	la street address a Florida limited e of the membe	s of the register d liability comp rs of the limited the limited liab	ed office and the bu any, it is hereby co I liability company ility company. ii, Authorized Perso		istered e(s)
Sigr	nature of a memiler or auth	orized representati	ve of a member		Printed or t	yped name of signee	
I her	eby accept he appoint	ntment as reaist	ered agent and	arree to act in	this conacity. I fur	that area to comply w	ith tha

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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• 1

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00