M16CCCCC 3295

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL				
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of S	Status				
Special Instructions to Filing Officer:						

Office Use Only



700300270757

07/11/17--01023 -013 **25.00

PALLABARE POPULATION

JUL 1 2 2017 J SHIVERS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: July 7, 2017

Order#: 705557-208

Re: SECOND AVENUE ASSOCIATES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez 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

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. 8	lame of the limited liability of	ompany: SECOND AVE	ENUE ASS	OCIATES LLC	
2. (a)	1985 Cedar Bridge Ave Suite 1		(b)	1985 Cedar Brid	ge Ave Suite 1
		of limited liability company: STREET ADDRESS)			fress of limited liability company: <u>LAY BE POST OFFICE BOX</u>)
	Attn: Legal Dept	<u> </u>		Attn: Legal Dept	
	Lakewood	NJ 08701		Lakewood, NJ 08	701
	04/21/2016			M16000003295	
3.	Date of filing/regi	stration in Florida	4.	Docume	nt number
5. (a) NRAI Services, Inc.				
·	Registered Agent and Registered	Office shown on the records of	of the Florida	Dept. of State:	
	1200 South Pine Island F	Road			5.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				17
					발표 둘
	Di di				
	Plantation	, F	1. 33324		10 m
r I- V	Corporation Service Com	nanu.			The state of the s
(b)	Enter name of NEW Registered		d Office add	ress:	7:2
				 -	
	1201 Hays Street				**
	NEW Registered Office Address	:		· · · · · · · · · · · · · · · · · · ·	
					
	Tallahassee	F	L_32301		
the ch agent was/w	will be identical. Or, in the o	e Florida street address of case of a Florida limited l tive vote of the members	of the regist liability cor of the limi	ered office and the apany, it is hereby c ted liability compan	business office of the registered.
- 61	ature of a member or authorized rep	net	Jill C	lmi, Authorized Per	
`	()				typed name of signee
provis the ob to mer notific	ions of all statutes relative to ligations of my position as revelv reflect a change in the red in writing of this change.	o the proper and complete egistered agent as provide gistered office address. I	e performa ed for in C Thereby cod	nce of my duties, an hupter 605, F.S. Or nfirm that the limite	orther agree to comply with the d I am familiar with and accept if this document is being filed d liability company has been
engilati	ure of Registered Agent Corpora	tion Service Company	BY: Uf	ace E. Kirby, Asst	. vice President