## M1600009210

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

Office Use Only



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> SCOKETARY OF STATE TALLAHASSEE, FLORIOA

2017 MAR 29 AM 11: 12

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 27, 2017

Order#: 565996-009

Re: NAKASH STRAND SPE 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: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.	Na	me of the limited liability company: NAKASH STRA	ND SPE	LLC	
2. (	(a)	1400 BROADWAY, 15TH FLOOR	(b	)	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		NEW YORK, NY 10018	<del>-</del>		
		11/14/2016		M16000	009210
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI SERVICES, INC.			
). (u)		Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of St	ate:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	- 2
					2011 MAR FALLARI
					- 22 <b>5</b> -
		PLANTATION , FL	33324		_ 29 [
					STO I
(b)	, ,	Corporation Service Company		<u> </u>	
		Enter name of NEW Registered Agent and/or NEW Registered	Office and	<u>aress</u> :	SE.FLORID
		1201 Hays Street			
		NEW Registered Office Address:	<del></del>	<del></del>	<del></del>
			***************************************		<del></del>
		Tallahassee FI.	22204		
		Talianassee , FL	32301		
the o ager was	char it w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regisability co f the limilimited li	stered officempany, it ited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Sig	enati	are of a member or authorized representative of a member	Jill C	Zilmi, Auth	Printed or typed name of signee
I he prov the o to m notij	reb visio obli vere fied	vaccept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a confirmed this change.	performa I for in C sereby co	ance of my Chapter 60 Onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept
_		- corporation sortioe company			