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

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CSC - WILMINGTON 251 Little Falls Drive Wilmington . De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 21, 2021

Order#: 614762-182

Re: VINELAND POINTE OWNER 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: Meghan Groom

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.

l. Na	ame of the limited liability company:		535 MADISON AVENUE 6TH FLOOR		
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) NEW YORK, NY 10022	<u> </u>	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) RK, NY 10022	
	03/29/2017	_	M1700000	02700	
. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4,		Document number	
. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	de:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	PLANTATION, FI	33324		- - ~;	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Corporation Service Company				
	NEW Registered Office Address: 1201 Hays Street			ပ <u>ဲ့</u> ယ _	
	Tallahassee, FI	32301		_	
iange gent w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability c of the lin limited	red office and ompany, it is nited liability liability com	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in a pany. Serized Person	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
ovisio e obli mere	by accept the appointment as registered agent and agrows 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 been address, I have been address and the change.	perform d for in hereby c	iance of my a Chapter 605, confirm that t	tuties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	
ignatur	e of Registered Agent	urace E	. Kirby, Asst	. Vice President	

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