M17000010174

(Requestor's Name)				
(Address)				
(Address)				
(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: Tecora Bell tecora.bell@cscqlobal.com

Date: January 31, 2018

Order#: 997327-003

Re: 45 DOVE PLUM, 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: Tecora Bell

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.	Name of the limited liability company: 45 DOVE PLUM	I, LLC	
2. (a	85 RAILROAD PLACE	(b)	
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARATOGO SPRINGS NY 12866		
	12/01/2017	M17	000010174
3.	Date of filing/registration in Florida	4.	Document number
5. (a) INCORPORATING SERVICES, LTD.		
(=)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDBECC	<u> </u>
		DUKESSI	
	1540 GLENWAY DRIVE		
	TALLAHASSEE	32301	
(b			<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	8 / SEC
	1201 Hays Street		
	NEW Registered Office Address:		 - 2 語音
			————————————————————————————————————
			PN 1: 2.7
			1.2. LE
	Tallahassee, FL_	32301	<u> </u>
tne cr agent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liable of the members of the authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liable.	the registered oblity company the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Xel & While	Jill Cilmi, A	Authorized Person
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change.	ertormance a	f my duties and I am familiar with and account
Signat		BY: Grace E	. Kirby, Asst. Vice President