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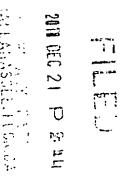
(Requestor's Name)				
(444				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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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: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 19, 2018

Order#: 508868-130

Re: NIC 12 REGENCY RESIDENCE MANAGEMENT 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: Lindsey Baronie 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. Na	ame of the limited liability company: NIC 12 REGE	ENCY RESIDE	NCE MANAGEMENT LLC	
2. (a)	1345 AVE OF THE AMERICAS 45TH FL Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)	
	NEW YORK N\ 10105			
	04/23/2018	M	18000003915	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
J. ()	Registered Agent and Registered Office shown on the records	of the Florida Dep	ot, of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS _I		
	PLANTATION	FL 33324		
(b)	Corporation Service Company		22	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address		
	1201 Hays Street			
	NEW Registered Office Address:			
			2	
	Tallahassee	FL 32301	<i>y</i> =	
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company	of the registere liability compa s of the limited he limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.	
Siona	ature of a member or authorized representative of a member	Jill Cilmi	i, Authorized Person Printed or typed name of signee	
I here provisi the ohi to mer	by accept the appointment as registered agent and a jons of all statutes relative to the proper and completigations of my position as registered agent as provided reflect a change in the registered office address, dipwriting of this change.	ete performance	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept	
Signatu	ire of Registered Agent Corporation Service Company	y BY: Linds	sey M. Baronic, Asst. Vice President	