## M1800009960

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant 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: CORCORAN	GROUP L	LC	
2. (a	ı)	(	h)	
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	<u> </u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	175 PARK AVE		175 PARK	( AVE
	MADISON, NJ 07940		MADISON	1, NJ 07940
	11/05/2018		M1800000	9960
3.	Date of filing/registration in Florida	4.		Document number
5. (:	a)			
	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC.	of the Florid	a Dept. of State	::
	Registered Office Address 801 US HIGHWAY 1	TADDRES.	<u>2)</u>	
	NORTH PALM BEACH	33408	·	•
		-		· -
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ar		<u>-</u>
	man of the register and the second	to omet at		
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	32301		
changagent was/the a	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the ne register liability co s of the lin ne limited	ed office and ompany, it is nited liability liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
-	nature of a thember or authorized representative of a member	<del></del>		Printed or typed name of signee
I her provi the o to me notifi	eby accept the appointment as registered agent and as isions of all statutes relative to the proper and complet bligations of my position as registered agent as provia rely reflect a change in the registered office address, a red in writing of this change.	gree to act le perform led for in ( I hereby co	in this capa ance of my d Chapter 605, onfirm that to	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signa	Mure of Registered Agent	GRACE	E E. KIRBY.	ASST. VICE PRESIDENT