12/1/2017



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE SAFEHOLD SPECIAL RISK, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this praction organized under the laws of the State of Winois
-		fice or registered agent, or both, in the State of Florida.
1The name o	of the corporation: SAFEHOLD	SPECIAL RISK, INC.
2. The princip	al office address: 150 N:MICH	IGAN AVE STE 3900, CHICAGO, II., 60601
a. The participa		
3. The mailing	gaddress (if different):	
4. Date of inco	orporation/qualification: 02/23	72007 Document number: F07000001054
	nd street address of the curren surtment of State: (If resigned,	n registered agent and registered office on file with the enter resigned)
	CORPORATION SERVICE	
	1201 HAYS STREET	24.7 T
	FALLAHASSEE, FL 32301-	-2525 B C
6. The name at (if changed)		egistered agent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	
		PO Box NOT seceptable
	Plantation, Florida 33324	
The street add as changed wi	resciolate segistered office as	which street address of the business office of its registered agent.
Such change v authorized by	vas authorized by resolution of the board, or the composition	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
		Ernest'J. Newlium, Secretary
I further agree performance o ware (b): If	e,to comply with the provision of my duties, and I am familia his document is being filletha	Primed or typed reme and rate red agent and agree to act in this capacity, as of all statutes relative to the proper and complete ir with and accept the obligation of my position as registered wrety to reflect a change in the registered office address. I en notified in writing of this change.
By: ()a_	m Jos	12/01/2017
If signing on b	ngunuje of Replaced Agent schalf of an entity:	Date
- , -	in. Asst. Secretary	
	Doped or Printed Name	-
	***	FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)