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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ROCKWOOD VII REIT, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	Maryland	
1. The name of	the corporation: Rockwood VII REIT	, Inc.		
2. The principal	office address: 50 California Street, S	Suite 3000, San Francisco, CA 94111		
3. The mailing :	address (if different): 50 California St	reet, Suite 3000, San Francisco, CA 94111		
4. Date of incor	poration/qualification: 8/11/2010	Document number: F100000	003614	
	d street address of the current registertment of State: (If resigned, enter re	red agent and registered office on file v signed)	vith the	
	COGENCY GLOBAL INC		_	
	115 NORTH CALHOUN ST., SUITI	E 4	19 14:55	
	TALLAHASSEE, FL 32301		19 X 0V -	Ti
6. The name and (if changed):	d street address of the new registerer	l agent (if changed) and /or registered o	ffice	<u> </u>
	CT Corporation System		## 9: 0:	フ
	1200 South Pine Island Road		9. 9. 9.	
P.O Box NOT acceptable				
	Plantation, Florida 33324		-	
The street address changed will	ess of its registered office and the slote identical.	treet address of the business office of i	its registered agent	l,
Such change wa authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	officer so	
Matasu Pu	Charry	Natalie Pickens, Secretary		
**	re of an officer of director	Printed or typed name and to		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this capacity. I statutes relative to the proper and coi ind accept the obligation of my positio I reflect a change in the registered offi fied in writing of this change.	mplete n as registered ce address, I	
By: Oan M	Junature of Registered Agent	11/07/2019		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
James M. Halpir	n, Assistant Secretary			
T	yped or Printed Nume	ን የመሆን መንድ በብ ት ት ት		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)