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MAR 0 2 2017 S. YOUNG

TALLAHASSEE, FLORID

CORPORATION SERVICE COMPANY

1201 Hays Street

the trail of the

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 529447 98:

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 1, 2017

ORDER TIME : 3:25 PM

ORDER NO. : 529447-020

CUSTOMER NO: 98373A

CHANGE OF AGENT

NAME: P.D.K.N. P-2 OP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

17 MAR -1 AM 8: 53

COVER LETTER

Division of Corporations						
SUBJECT: P.D.K.N. P-2 OP., LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
C. Christian Sautter	•					
Name of Person						
Seiler, Sautter, Zaden, Rimes & Wahlbri	ink					
Firm/Company						
2850 North Andrews Ave.						
Address						
Wilton Manors, FL 33311						
City/State and Zip Code						
csautter@seisau.net						
E-mail address: (to be used for future amu	al report notification)					
For further information concerning this matter, p	olease call:					
Chris Sautter	954 568-7000					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
TAILIC10 (5/14)						

ALLAHASEE PLOEI

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: P.D.K.N. P-2	OP., I	LLC	
	(-)	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)
		1280 S. PINE ISLAND ROAD		Same	
		PLANTATION, FL 33324			
		12/22/2010		L10000	130513
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
	(-,	Registered Agent and Registered Office shown on the records of	the Flori	ia Dept. of St	ate:
		MULLER, CHARLES EII			
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>(S)</u>	
		7J85 GALLOWAY ROAD, SUITE 200			→
		MIAMI , FI	33173	3	
((b)	Enter name of NEW Registered Agent and/or NEW Registered	065	ddaaa	_
		Line name of 1484. Regimered Agent author 1484. Registered	Oince at	<u> 1017:35</u> .	ô.
		C. CHRISTIAN SAUTTER			53
		NEW Registered Office Address:		··· ···	_
		2850 NORTH ANDREWS AVE.			
					-
		WILTON MANORS ,FL	33311		_
the age: was the Si I he provide the motification of the since of the	gnation of the control of the contro	mited liability company is not organized under the lavinge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited liar eauthorized by an affirmative vote of the members of cles of organization of the operating agreement of the are of a member or authorized representative of a member by accept the appointment as registered agent and agrouped a fill statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a fill the change of the change.	the regability cof the limited	istered office ompany, it nited liabili liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Column Printed or typed name of signee