## L12000055388

(Re	questor's Name)				
(Ado	dress)				
(Addiess)					
•					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
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(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: February 8, 2017

Order#: 502889/021

Re: Q BURKE MOUNTAIN RESORT, 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 Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.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	me of the limited liability company: Q BURKE N	MOUNTAL	N RES	ORT, LLC
2.	(a)	111 N.E. 1ST STREET, 4TH FLOOR		(b)	Mailing address of limited liability company:
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		MIAMI, FL 33132			
		04/24/2012		<u>L1</u>	12000055388
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
		Registered Agent and Registered Office shown on the record	is of the Flo	rida Dep	ot. of State:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRI	ESS)	
		Plantation	, FL <u>333</u>	324	
(b	(h)	Corporation Service Company			
	(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office	address	
		1201 Hays Street			CED CY OF STA CORPORATION
		NEW Registered Office Address:			RATION:
		Tallahassee	, FL_ 323	01	
the age was	cha nt y s/v(e	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite the authorized by an affirmative vote of the member of organization or the operating agreement of	s of the re d liability ers of the l the limite	gistere compa imited d liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
S	igna	dre of a member or authorized representative of a member			Printed or typed name of signee
pro the to r not	obli nere iftea	by accept the appointment as registered agent and compositions of all statutes relative to the proper and composition as registered agent as proving reflect a change in the registered office address in writing of this change.  The of Registered Agent Corporation Service Company	lete perfor vided for i s, I hereby	rmance n Char v confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been the E. Kirby, Assistant Vice President
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Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00