M05000005336

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificates	s of Status							
Special Instructions to Filing Officer:									
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Office Use Only



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16 APR - L PH 1: 24
SECRETARY OF STATE

APROTIONS

J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 31, 2016

Order#: 074802-008

Re: CABOT NORTH ORANGE 21, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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	ame of the limited liability company: CABOT NORTH	ORANG	GE 21, LLC				
2.	(a)	Magnolia Dream	(b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		505 Iffrig Road, St. Peters, MO 63376						
•		09/26/2005	_ 	M0500000				
3.		Date of filing/registration in Florida	4.		Document num	iber		
5.	(a)	National Corporate Research, Ltd., Inc.			_			
		Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	;;			
		115 North Calhoun Street, Suite 4						
		Registered Office Address (MUST BE FLORIDA STREET A	16 APR					
			32301			177	コー	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	L PH 1:24 SEFE.FLORID			
		1201 Hays Street)jes		
		NEW Registered Office Address:						
		Tallahassee, FL_	32301					
the ag wa	e cha ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regis bility co f the lim	tered office mpany, it is ited liability	and the busines hereby confirm company or as	ss office oned that the	of the ne cha	registered
		Jee & Cone	Jill C		rized Person			
l i pre the to no	herel ovisio obli mere tified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the complete of the change of this change.	ee to act performa I for in C iereby co	in this cana	Printed or typed na acity. I further a luties, and I am , F.S. Or, if this the limited liabil	aaree to c	omnl	y with the and accept eing filed as been
Si	gnatur	e of Registered Agent Corporation Service Company	BY: G	ace E. Kirl	by, Asst. Vice	Presiden	ıt	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00