## M07000002422

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

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S TALLENT ANT O & SISSO

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2020

Order#: 316254-076

Re: BRE/SARASOTA GP L.L.C.

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

	2	ne of the limited liability company:  BRE/SARASO  33 S. Wacker Drive, Suite 4700		<u>.                                    </u>	
2. (a	a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	-	Chicago, IL 60606	<u> </u>		
	C	04/27/2007		M070000	02422
3.	_	Date of filing/registration in Florida	4.		Document number
<i>5 (</i>		C T Corporation System			
5. (a	a) <u> </u>	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of St	ate:
		1200 South Pine Island Road			
	F	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>
	-	Plantation FI	33324	ļ	<del>_</del>
(l	b)				2020
•		Inter name of NEW Registered Agent and/or NEW Registered	d Office a	iddress:	2020 JUH
		Corporation Service Company			55
	1	NEW Registered Office Address:			
		1201 Hays Street			
	-				
	_	Tallahassee , FI	32301		_ · •
chan agen was/	ige c it wi w <b>er</b> i	nited liability company is not organized under the last changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of organization or the operating agreement of the	e registe ability of of the li limited	red office a company, it mited liabil liability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Sic	many	te of a member or authorized representative of a member		- Climi, Auti	horized Person Printed or typed name of signee
I he prov the o to m	reby visión oblig erely	Laccept the appointment as registered agent and agins of all statutes relative to the proper and complete actions of my position as registered agent as provide y reflect a change in the registered office address, I in writing of this change.	perforn d for in	nance of m Chapter 60	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05. F.S. Or, if this document is being filed
Sign	ature	of Registered Agent	Согрога	ation Servi	ice Company
Ami	M.	Casper, Asst. Vice President Division of Corporations P.O.	Box 63:	27• Tallah	assee, FL 32314

FILING FEE: \$25.00