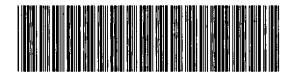
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(Re	questor's Name)								
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 20, 2016

Order#: 962270-045

Re: MORRIS PEMBROKE LAKES ASSOCIATES, 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 Please return evidence to the following:

Attn: Lindsey Lockard 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	me of the limited liability company:	MORRIS PEMBE	ROKE LA	KES ASSO	OCIATES, LLC				
2.	(a)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)			(b) 4545 Airport Way					
					Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Denver CO	80239	<del>-</del>	Denver	CO 8	0239			
		04/04/2012			M1200000	1898				
3.		Date of filing/registration i	n Florída	4.	j	Document number				
5.	(a)	C T Corporation System								
	( )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
							R	15		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					F			
		1200 South Pine Island Road						$\sim$		
		Plantation	, FL_	33324			5/3 C.	~~a	; ;* ':	
			, 1 12_					7	يسيع. عسمي	
	(b)	Corporation Service Company					ED	7:2	, e.	
		Enter name of <u>NEW Registered Agent</u> and	Vor <u>NEW Registered (</u>	Office add	ress:		gi.	CO		
		4004 Name Oliver								
		1201 Hays Street  NEW Registered Office Address:								
		Tallahassee	, FL	32301						
the age was	char ent w s/we	mited liability company is not organinge or changes are made, the Floridavill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of t Florida limited liab of the members of	he regist bility con the limit imited lia	ered office npany, it is ed liability ability comp	and the business offi hereby confirmed the company or as other pany.	ce of the rat the char wise provi	egisto ige(s)	ered	
s	ignat	ure of a member or authorized representative	e of a member	M	ichael	T. Blair Printed or typed name of	signee			
I h pro the to i not	ereb visio obli nere ified	by accept the appointment as register ons of all statutes relative to the profigations of my position as registered by reflect a change in the registered in writing of this change.	red agent and agre per and complete p agent as provided office address, I he	re to act i performa for in Cl ereby con	n this capa nce of my d napter 605, nfirm that th	city I further agree	to comply jar with ar ment is be mpany ha	with and accing fi	the cept led n	