

MI 6000003913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

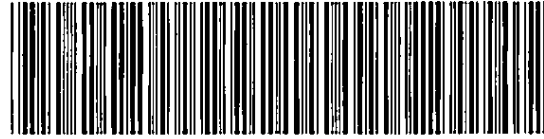
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500317706595

FILED  
18 SEP 24 AM 8:42  
RECEIVED STATE  
DEPARTMENT OF STATE  
18 SEP 24 AM 10:58

J. SIMMONS  
SEP 25 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 408169 7932413

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

-----  
ORDER DATE : September 21, 2018

ORDER TIME : 9:36 AM

ORDER NO. : 408169-035

CUSTOMER NO: 7932413  
-----

CHANGE OF AGENT

NAME: 1835 GRIFFIN ROAD LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1835 Griffin Road LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Reardon, Paralegal  
\_\_\_\_\_  
Name of Person

Squire Patton Boggs (US) LLP  
\_\_\_\_\_  
Firm/Company

201 E. Fourth Street, Suite 1900  
\_\_\_\_\_  
Address

Cincinnati, OH 45202  
\_\_\_\_\_  
City/State and Zip Code

dfogel@cohenbrothers.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Paralegal at ( 513 ) 361-1259  
\_\_\_\_\_  
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

**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. Name of the limited liability company: 1835 Griffin Road LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)*

3. 05/16/2016 4. M16000003913  
 Date of filing/registration in Florida Document number

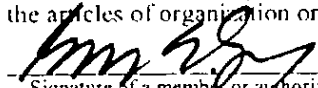
5. (a) Gregory E. Young  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1900 Phillips Point West  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
777 South Flagler Drive  
West Palm Beach : FL 33401

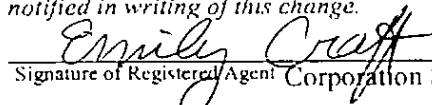
FILED  
 18 SEP 24 AM 8:42  
 TALLAHASSEE, FLORIDA  
 STATE DEPARTMENT OF REVENUE

(b) Corporation Service Company  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee , FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Gregory E. Young, Authorized Signatory  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

 BY: Emily Croft  
 Signature of Registered Agent Corporation Service Company Asst. Vice President

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