

M17000001810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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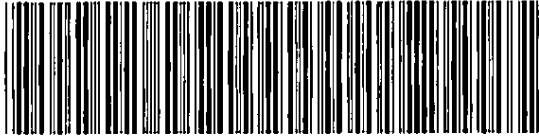
(Business Entity Name)

(Document Number)

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18 JAN 10 AM 11:06  
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STATE DEPARTMENT OF STATE

FILED



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: 1/10/2018

Account#: I20000000088

Name: Merritt Knickle

Reference #: C021123

Entity Name: AOF RUNNING BROOK LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

Authorized Amount: \$25

Signature: MTK

© CORPORATE HQ  
COGENCY GLOBAL INC.  
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**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: AOF RUNNING BROOK LLC

2. (a) 4401 NORTHSIDE PKWY, SUITE 711  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
ATLANTA, GA 30327

(b) 4401 NORTHSIDE PKWY, SUITE 711  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
ATLANTA, GA 30327

3. 03/02/2017 Date of filing/registration in Florida

4. M17000001810 Document number

5. (a) C T CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
PLANTATION, FL 33324

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 18 JAN 10 AM 1:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
115 North Calhoun Street, Suite 4  
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.

/s/ Kathryn T. Walker Kathryn T. Walker  
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.*

/s/ Tim Mayville  
Signature of Registered Agent Tim Mayville, Assistant Secretary  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**