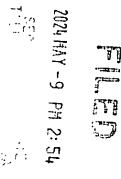
## M1700003681

	(Requestor's Name)			
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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

## 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.

I. Na	ame of the limited liability company:	SSOCIA	TES MANA	GEMENT LLC	
2. (a)	136 Brookline Avenue	(	136 Brookline Avenue		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Boston, MA 02115	_	Boston,	MA 02115	
	05/01/2017		M170000	003681	
	Date of filing/registration in Florida	_ 4.		Document number	
i. (a)	CT CORPORATION SYSTEM				
. ()	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD  Registered Office Address (MUST BE FLORIDA STREET.)		· <u>·</u>	_	
				2024 HAY	
	PLANTATION FI	33324			
41.5				9	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		ddress:	- P T	
	Corporation Service Company			2: 5 <sub>4</sub>	
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee, FL	32301		_	
hange gent v /as/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Lie E. Cienie	JIL	L CILMI, AL	JTHORIZED PERSON	
_	ure of a member or authorized representative of a member			Printed or typed name of signee	
orgred	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address. I have the change in the registered of the change.	ee to ac perform l for in ( tereby c	t in this cap ance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatui	c of Registered Agent				

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