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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
BEACON AT 97TH AVENUE ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

11 NOV 14 AM 8:06

TALLAHASSEE, FLORIDA

11 NOV 14 AM 8:07

Handwritten signature and date: 11/14/14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SEACON AT 97TH AVENUE ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: N9000000-1335

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aislin Nyazie

Name of Contact Person

KTR Capital Partners

Firm/Company

Five Tower Bridge, 300 Børn Harbor Dr., Ste. 150

Address

Conshohocken, PA 19028

City/State and Zip Code

nyazie@ktrcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CI(2)6945 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BEACON AT 97TH AVENUE ASSOCIATION, INC.
2. The principal office address: Five Tower Bridge, 300 Barr Harbor Dr., Ste. 150, Conshohocken, PA 19428
3. The mailing address (if different):
4. Date of incorporation/qualification: 8-14-1996 Document number: 89600000-1335

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32304-2525

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
P.O. Box 907 acceptable
Plantation, Florida 33324

11 NOV 14 PM 10:07

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

STEVEN ZIMMER, SECRETARY
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System
By: Margaret E. Routzahn
Signature of Registered Agent

11/4/2011
Date

If signing on behalf of another person: MARGARET E. ROUTZAHN
Special Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT KTR Capital Partners LP (the "LP"), an LP registered under the laws of the State of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Steven Zimmer, employee of CT Corporation and acting solely in the capacity as an employee of CT Corporation, as attorney-in-fact for the LP, to act for the LP and in the LP's name for the limited purposes authorized herein.

The LP and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the LP's and the subsidiary entities registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the LP. The attorney-in-fact will not make such changes without the prior approval of the LP.

In the execution of any documents necessary for the sale, limited purpose, set forth herein, Steven Zimmer shall exercise the power of an officer of the corporation(s) and member/manager of the LLC(s) or authorized signer/person as needed for any other legal entity types.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this the 3<sup>rd</sup> of November, 2011.

KTR Capital Partners  
(the "LP")  
A Delaware Limited Partnership

By: [Signature]  
Name: J. Peter Lloyd  
Title: Senior VP

State of: PA  
County of: Montgomery

On Nov 3, 2011, before me, the undersigned, a Notary Public in and for said State, personally appeared J. Peter Lloyd, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/hir/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

[Signature]  
Aisha Nyazie Notary Public

