## M15000006185

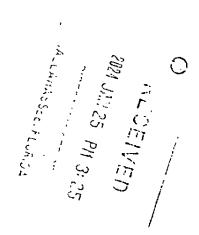
(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Office Use Only



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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.	Na	me of the limited liability company:  SPIRIT SPE P	ORTFO	LIO	CA C-S1	FORES, LLC			
	(a)	11995 El Camino Real		(b) 11995 El Camino Real					
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-/_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		San Diego, CA 92130	<del>-</del>	Si	an Dieg	o, CA 92130			
		08/27/2015	_	M1	500000	6785			
3.		Date of filing/registration in Florida	4.			Document number			
5	(a)	C T Corporation System							
	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  1200 South Pine Island Road				- e: -	<del>, -1</del>	20	
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u> </u>		_	ATTV SECTOR	8" 8 2024 JAN	
		Plantation , FL	33324	1				N 25	
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	ddres	<u> </u>	-		AM 10: 00	
		NEW Registered Office Address:		-		-			
		1201 Hays Street				-		,	
		Tallahassee , FL	32301			-			
cha age was	nge nt w :/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the /s/ Jill Cilmi	register ability confithe lin limited	red of ompa nited liabil	fice and ny, it is liability ity com	I the business office hereby confirmed the company or as othe	of the reg	gistered ange(s)	
Si	ខ្មានប	are of a member or authorized representative of a member			<del></del> _	Printed or typed name o	f signee		
I he pro the to n	ereb visid oblij nere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to ac perform I for in s pereby c	t in the lance Chap confirmation	nis capa of my d ter 605, in that to Service	city. I further agree luties, and I am fami F.S. Or, if this doct he limited liability co ce Company	to compl liar with a ument is b ompany h	ly with the and accept being filed as been	
Sign	natur	e of Registered Agent	mi M.	Cası	oer, As	sst. Vice Presider	nt		