

551 792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

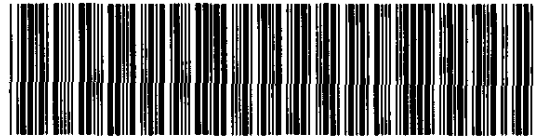
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500290382185

09/20/16 01013012 *35.00

RECEIVED
SECRETARY OF STATE

SEP 20 AM 11:11

SEP 16 PM

16 SEP 20 AM 11:53

RECEIVED
DEPARTMENT OF STATE

T. LEMMON

SEP 21 2016

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

BEAVER STREET TOWER COMPANY

551792

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

KM

9/20/2016

Merger

Mark

Other

COA

UCC

CUS

After 4:30

Pick Up

Order#:

10161056

Ref#:

Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

BEAVER STREET TOWER COMPANY

551792

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

9/20/2016

KM

Merger

Mark

Other

COA

UCC

CUS

After 4:30

Pick Up

Order#:

10161056

Ref#:

Amount: \$

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BBAVER STREET TOWER COMPANY
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/22/1977 Document number: 551792

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)

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

DATE SEP 20 AM 11

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

PAUL R. HITCHCOCK
CORPORATE SECRETARY

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.

By: Alfred Younan 9/15/2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Paul R. Hitchcock
Typed or Printed Name

Alfred Younan
Assistant Secretary

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED45 (03/12)