

B02000000107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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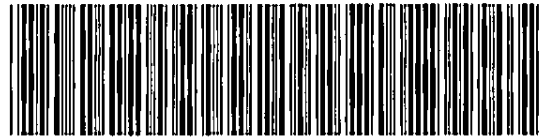
(Business Entity Name)

(Document Number)

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2018 SEP 21 11:10:35

T. CLINE
SEP 24 2018
EXAMINER

18 SEP 21 AM 11:03

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 399657 8194378

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 35.00

ORDER DATE : September 20, 2018

ORDER TIME : 8:54 AM

ORDER NO. : 399657-010

CUSTOMER NO: 8194378

CHANGE OF AGENT

NAME: EDR ORLANDO LIMITED
PARTNERSHIP

2018 SEP 21 6:10:35

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDR Orlando Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B02000000107

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

Please return all correspondence concerning this matter to:

Ann Schneider
Contact Person
Revantage Corporate Services LLC
Firm/Company
222 S. Riverside Plaza
Address
Chicago, IL 60606
City, State and Zip Code
aschneider@revantage.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ann Schneider at (312) 466-3607
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EDR Orlando Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/29/2002 3. B02000000107
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Cogency Global Inc.
Name
115 North Calhoun St., Suite 4
Address
Tallahassee, FL 32301
City, State and Zip

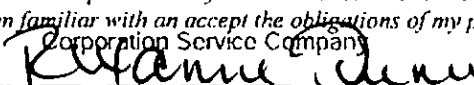
5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner
Ann Schneider, Asst. Secy of BREIT SH Lofts GP LLC, General Partner

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.

By:  Roxanne Turner Asst. Vice President
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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