

B19000000132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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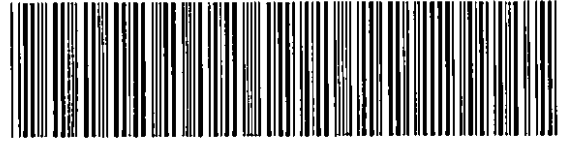
(Business Entity Name)

(Document Number)

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JAN 22 2020  
TALLAHASSEE, FLORIDA

2020 JAN 22 A 9:24

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20 JAN 23 11:05

JAN 26 2020

T. L. PERRY

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

ACCOUNT NO. : I20000000195

REFERENCE : 147730 7266554

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : January 21, 2020

ORDER TIME : 9:07 AM

ORDER NO. : 147730-015

CUSTOMER NO: 7266554

CHANGE OF AGENT

NAME: MIAMI DOUGLAS TWO LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS: \_\_\_\_\_

FILE 1st

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Douglas Two LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B19000000132

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:

Kellie Hoyt  
Contact Person

Barings LLC  
Firm/Company

One Financial Plaza, Suite 1700  
Address

Hartford, CT 06103  
City, State and Zip Code

kellie.hoyt@barings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelli Hoyt at ( 860 ) 509-2340  
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. Miami Douglas Two LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/27/2019 3. B19000000132  
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:

Timothy Sanders  
Name

848 Brickell Avenue, PH1  
Address

Miami FL 33131  
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 Lawrence J. Boudreau, Managing Director of Miami Douglas Two GP LLC

*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: \_\_\_\_\_  
Signature of Registered Agent

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

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