

To:

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2023-12-19 10:26:48 PST

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From: Kaity Toon

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Name : C I CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future
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Email Address: _____

REGISTERED AGENT CHANGE
BEACON PLACE PROPERTIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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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: BEACON PLACE PROPERTIES, INC.
 2. The principal office address: 28 STATE ST, BOSTON, MA 02109

3. The mailing address (if different): 200 SCENIC VIEW DR, CUMBERLAND, RI 02864

4. Date of incorporation/qualification: 07/18/2022 Document number: F22000004663

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)

1201 EAST BROWARD LLC

1201 E BROWARD BLVD

FT LAUDERDALE, FL 33301

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

John E. O'Donnell
 Signature of an officer or director

John E. O'Donnell, CEO

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.

NRAI Services, Inc.

By: Stephanie Henez, Assistant Secretary

12/15/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

NRAI Services, Inc.

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 (04/13)