7/20/2021

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	Doing so w	rill generate another	cover sheet.	
To:	Division of Corpo Fax Number :			
From:	Account Number : Phone :	BUSINESS FILINGS 105256001620 (608)827-5300 (608)827-5501		
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	*				
Fax Au	idit # H21000276714 3				
	LIM	ITED LIABILITY COMPANY	TERED AGENT OR BOTH FOR		
Pursue submit Florid	s the following statement in order to	14 or 605.0116, Florida Statutes, the change its registered office or regi	undersigned limited liability company stered agent, or both, in the State of		
1. Ni	ame of the limited liability company:	CBT PROPERTIES, LLC			
2. (a) _	30 51st Street				
	Principal office address of limited lial (Note: MUST BE STREET A	any company.	iling address of limited liability company: Note: MAY BE POST OFFICE BOX		
	Pittsburgh , Pennsylvania 15201	Pittsburgh	Pittsburgh, Pennsylvania 15201		
	,,				
	4/18/2006	L06000040375			
3.	Date of filing/registration in	Florida 4 D	locument number		
	C T CORPORATION SYSTEM	(STEM			
	Registered Agent and Registered Office above	nt on the records of the Florida Dept. of State:	SEC.		
	Registered Office Address MUST BE F	LORIDA STREET ADDRESS			
	1200 SOUTH PINE ISLAND ROA		25.4 63		
	PLANTATION	, FL, FL	SEC. F	LED	
(b) .	Business Filings Incorporated		AH 9: 2 S. FLORM		
	Enter neme of NEW Registered Agent and	or NEW Registered Office address			
	1200 South Pine Island Road				
	NEW Registered Office Address:				
	Plantation	, FL, FL			
the c agen	e limited liability company is not organ hange or changes are made, the Florida t will be identical. Or, in the case of a were authorized by an affirmative vote rticles of organization or the operating	ized under the laws of the State of Flo street address of the registered office Florida limited liability company, it is of the members of the limited liability agreement of the limited liability com	hereby confirmed that the change(s) company or as otherwise provided in		
Sig	mature of a member or authorized reprocessativ	e of a member	Printed or typed name of signee		
I have provi the o	()		city. I further agree to comply with the httics, and I am familiar with and accept F.S. Or, if this document is being filed ha limited liability company has been		
	A Registered Agent		,		
21 6 4	Mark Willis	uns, AVP, Business Filings Incorporate	0 500 FL 37314		
	Division of Cor	porationse P.O. Box 6327e Tailahas FILING FEE: \$25.00	3CC1 F L 34317		

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