## 106000114881

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer;			





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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: November 12, 2013

Order#: 880050/008

Re: 6800 PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

2013 NOV 14 PM 3: 11

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 6800 PARTNE	RSILC			
<ol> <li>(a) Principal office address of limited liability compa. (Note: MUST BE STREET ADDRESS)</li> </ol>	ny: 6800 Broken Sound Parkway Suite 200		·	
(HOLE HOST DE STREET HERICAN)	Boca Raton, FL	33487		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6800 Broken Sound Parkway Suite 200			
	Boca Raton, FL 33487			
11/30/2006	L06000114881			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Marc H. Bell	E co C co	H113	
Registered Office Address:	6800 Broken Sound Parkway		3	
	Suite 200	207.47	4:-	
	Boca Raton, FL	38447		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Corporation Service Company		<u></u>	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	7.2-	<del></del>	
	Tallahassee ,	FL 32301		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member				
MARC H- BELL-managing mem	ber			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of any part of the provision of my part of the provision of	agree to act in this capacity. I fu proper and complete performance position as registered agent as pro- perely reflect a change in the regis my has been notified in writing of	rther agre of my dut vided for tered offi this chan	ee to ies, in ce ge.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)