L08000008319

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





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03/27/19--01011--004 **25.00



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: March 25, 2019

Order#: 682424/114

Re: POAH MIDDLETOWNE APARTMENTS, 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:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive 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

AND FILED 2019 MAR 27 PM 2: 2

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: POAH MIDDLET	OWNE /	PARTME	NTS, LLC	
2. ((a)	40 COURT STREET Principal office address of limited liability company:	_ (b)		URT STREET	mited liability company:
		(Note: MUST BE STREET ADDRESS)			-	POST OFFICE BOX)
		SUITE 700	_	SUITE 70	00	
		BOSTON, MA 02108		BOSTON, MA 02108		
		01/23/2008		L0800000)8319	
3.		Date of filing/registration in Florida	4.		Document numb	ber
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.				
	` ,	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State	· ·*	
		155 OFFICE PLAZA DRIVE				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			701	
		SUITE A	DRESS)			
		TALLAHASSEE FL_	32301		-	FILE R 21
,	b)	Corporation Service Company				PR D
,		Enter name of NEW Registered Agent and/or NEW Registered O	Office add	<u>ress:</u>		2
						26
		1201 Hays Street			_	•
		NEW Registered Office Address:				
		Tallahassee FI	22204			
		.FL_	32301			
the ager	chai it w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liable.	he regist pility con the limit mited lia	ered office npany, it is ed liability ability com	e and the business is hereby confirme by company or as on apany.	s office of the registered ed that the change(s)
Signature of a member or authorized representative of a member				Jill Cilmi, Authorized Person Printed or typed name of signee		
I he prov the c to m noti	ereb Sisid Obli Sere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address. I he in writing of this change.	e to act i erformai for in Cl ereby cor	n this cape nce of my c napter 605 nfirm that t	acity I further a	uree to comply with the
Sign	iatur-	e of Registered Agent Corporation Service Company	BY: Gra	ace E. Kir	by, Asst. Vice I	President