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(Re	equestor's Name)			
(Address)				
(Ad	dress)	·		
(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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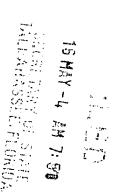
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Office Use Only



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MAY 05 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105346/065

Re: FL - PTH 7, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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

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. N	ame of the limited liability co	mpany: FL-PTH 7, LLC	<u> </u>	
2. (a)		TE. 900 Timited liability company: TREET ADDRESS	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DALLAS	T> 75254		
	06/27/2013			L13000092788
3.	Date of filing/regist	ration in Florida	4.	Document number
5. (a)	C T CORPORATION SY	STEM		
()	Registered Agent and Registered (Office shown on the records o	f the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAN	ID ROAD		The state of the s
	Registered Office Address (M)		ADDRESS)	
				≥ fri intra
	PLANTATION	, F	L 33324	
		,		
(b)	Corporation Service Comp	any		58 7 7
	Enter name of NEW Registered A	and/or NEW Registere	d Office addr	ress:
	1201 Hays Street			
	NEW Registered Office Address:			
				
	Tallahassee	, F	L <u>32301</u>	
the cha agent v was/we	ange or changes are made, the will be identical. Or, in the ca	Florida street address o ase of a Florida limited l ve vote of the members	of the registed iability come of the limited limited lia	State of Florida, it is hereby confirmed that after ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Signa	ture of a member or authorized repr	esentative of a member	-	Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as ions of all statutes relative to ligations of my position as relative to a change in the relative to the writing of this change in the relative to the change of Registered Agent Corporat	the proper and complete gistered agent as provide gistered office address, I	e performar ed for in Ch hereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or. if this document is being filed after that the limited liability company has been ace E. Kirby, Assistant Vice President
· · · · · · · · · · · · · ·		\		Tallabassas FI 33314