L130000 12804

(Requestor's Name) (Address)	600284867556
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	ÚS/U4/16-~01019019 **25.00
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

1 1

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

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

Date: May 3, 2016

Order#: 105346/057

Re: FL - PTH 3, 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.

	•	company: <u>FL-PTH 3, LLC</u>				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	C	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DALLAS	T> 75254				
	06/27/2013		L1:	3000092804		
3.		istration in Florida	4.	Document number	-	
· (a)	C T CORPORATION S	SYSTEM				
5. (a)		d Office shown on the records of	the Florida Dept	t, of State:		
	1200 SOUTH PINE ISL	AND ROAD		**** (
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				. 	
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					<i>ý</i> -≪ 1 ↔	
	PLANTATION	, FI	33324		1	
				No. 1	Action Control of the	
(b)	Corporation Service Con	-4) Office addresses		7	
	Enter name of NEW Registere	d Agent and/or NEW Registered	1 Office address			
	1201 Hays Street					
	NEW Registered Office Addre	SS:				
	Tallahassee	, FI	32301			
he cha igent v was/we	nge or changes are made, vill be identical. Or, in the or authorized by an affirm	the Florida street address o	f the registere lability compa of the limited c limited liabil		e of the registered t the change(s)	
Signal	up of a member or authorized r	epresentative of a member	JIII CIIMI	, Authorized Person Printed or typed name of s	ignee	
I herel provisi he obl	u againt the appointment	as registered agent and ag to the proper and complete registered agent as provide registered office address. I	e performance ed for in Chap hereby confir	his capacity. I further agree to of my duties, and I am familio oter 605, F.S. Or, if this docun om that the limited liability con	o comply with the ar with and accep nent is being filea npany has been	
Signatu	re of Registered Agent Corpor	ration Service Company	BY: Grace	E. Kirby, Assistant Vice Pr	resident	
	Divieic	on of Cornorations P.O.	Rox 6327. T	allahassee FL 32314		