L13000697115

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
·	ŕ			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		*		

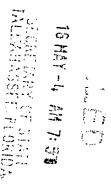




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05/04/16--01015--019 **25.00

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#: 105346/059

Re: FL - PTH 4, 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 c	ompany: FL-PTH 4, LLC	2	
2. (a)	-	of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUSI BE	STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	DALLAS	T> 75254		
_	06/27/2013		<u>L1</u>	3000093115
3.	Date of filing/regis	stration in Florida	4.	Document number
5. (a)	CT CORPORATION SY	YSTEM		
	Registered Agent and Registered	Office shown on the records o	f the Florida Dept	t. of State:
	1200 SOUTH PINE ISLA	ND ROAD		
	Registered Office Address (M	IUST BE FLORIDA STREET	ADDRESS)	
	PLANTATION	, F	L_33324	
41.	Ozania di Santa di Caratta di Car			
(b)	Corporation Service Comp Enter name of <u>NEW Registered</u>		d Office address:	
	1201 Hays Street			
	NEW Registered Office Address	:		
				
	Tallahassee	, F	L_ 32301	
the cha agent was/w	ange or changes are made, the will be identical. Or, in the cere authorized by an affirmal ides of organization or the o	te Florida street address of a Florida limited litive vote of the members	of the registered iability compation of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	- Xel C. While		Jill Cilmi,	, Authorized Person
I hera provis the obs to mer notifie	ion of all statutes relative to ligations of my position as re ely reflect a change in the re d in writing of this change!	s registered agent and age the proper and complete egistered agent as provide gistered office address, I	e performance ed for in Chap Thereby confir	Printed or typed name of signce his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signati	ire of Registered Agent Corpora	\		E. Kirby, Assistant Vice President
	Division	of Corporations P.O.	Box 6327 Ta	allahassee, FL 32314