<u>L17000095717</u>

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(Ad	idress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
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(Business Entity Name)						
(Document Number)						
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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#: 105346/063

Re: FL - PTH 6, 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.	Name of the limited liability com	pany: <u>FL - PTH 6, Ll</u>	_C		
2. (a	14901 QUORUM DRIVE, STE. 900		(b)		
	Principal office address of lin (<i>Note: MUST BE STI</i>			Mailing address of limited (Note: MAY BE POST	
	DALLAS	T> 75254			
	06/27/2013		L13	3000095313	
3.	Date of filing/registra	tion in Florida	4.	Document number	
5. (a) C T CORPORATION SYST	:FM			
J. (Registered Agent and Registered Off		of the Florida Dept.	of State:	
	1200 SOUTH PINE ISLAND	ROAD			
		T BE FLORIDA STREET	TADDRESS)		
	PLANTATION	, F	L 33324		
			-		
(t	,	•			
	Enter name of NEW Registered Ago	ent and/or NEW Registere	ed Office address:		
	1201 Have Street			استند	
	1201 Hays Street NEW Registered Office Address:				
	<u></u>			1 m	
				ا بنعبر ا هران ا حران	
				<u> </u>	
	Tallahassee	, F	L 32301		
the c agent was/	e limited liability company is not hange or changes are made, the F t will be identical. Or, in the case were authorized by an affirmative rticles of organization or the oper	lorida street address of e of a Florida limited l e vote of the members	of the registered liability compar of the limited l	d office and the business off ny, it is hereby confirmed the liability company or as other	fice of the registered hat the change(s)
	Lie & Comi		Jill Cilmi,	Authorized Person	
Sig	nature of a member or authorized represe	entative of a member		Printed or typed name o	f signee
provi the o to me noti	reby accept the appointment as reisions of all statutes relative to the bligations of my position as regised by reflect a change in the registed in writing of this change.	e proper and complete stered agent as provid the diffice address, it	e performance led for in Chapi I hereby confiri	is capacity. I further agree of my duties, and I am familer 605, F.S. Or, if this doc n that the limited liability con E. Kirby, Assistant Vice	liar with and accept ument is being filed ompany has been
	•	Corporations P.O.		• •	. rosidoni
	DIVISION OF	Corporations L.O.	DUX UJZ/= 18	лапаээсс, Г <i>L Э2</i> Э1 4	

FILING FEE: \$25.00