

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000140127

**Entity Name:** CX2 OFFICE PROPERTIES, LLC

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4 PINE LOOK PASS  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 PINE LOOK PASS  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 46-3826055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHLSTEDT, CHRISTIAN J III  
4 PINE LOOK PASS  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** CHRISTIAN J. MAHLSTEDT III

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** MAHLSTEDT, CHRISTIAN J III  
**Address:** 4 PINE LOOK PASS  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** MGRM  
**Name:** MAHLSTEDT, CAROL R  
**Address:** 4 PINE LOOK PASS  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** CHRISTIAN J. MAHLSTEDT III

MGRM

10/16/2014

Electronic Signature of Authorized Person

Date