L13 000166810

(Address) (Address) (Address)		
(City/State/Zip/Phone #)	01/38/2801025015 **25.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2020 JAN 30 PH 2: 27 FEB 2 6 2020	
	12. A b)	

Office Use Only

RIMIN



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 29, 2020

Order#: 148234/061

Re: PS COCONUT CREEK STATE RD 2013, 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:Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

2 (2	n) 701 Western Avenue	(b)		
4. (a	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST)	
	Glendale, CA 91201			
	12/02/2013	<u>_</u>	13000166810	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) C T Corporation System			
()	Registered Agent and Registered Office shown on the rec	ords of the Florida De	pt. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
				27
	District	51 22224		7020 JAN
	Plantation	, FL <u>33324</u>		A
(b)	b) Corporation Service Company			. 30
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office addres	<u></u>	
				PH 2:
	1201 Hays Street			2
	NEW Registered Office Address:			1
	Tallahassee	FI 32301		
the c agen was/	e limited liability company is not organized under thange or changes are made, the Florida street additional be identical. Or, in the case of a Florida limity were authorized by an affirmative vote of the menticles of organization or the operating agreement	ress of the register nited liability comp nbers of the limite	ed office and the business offi cany, it is hereby confirmed the I liability company or as other	ce of the registered at the change(s)
	s/ Jill Cilmi	_	ni, Authorized Person	
_	gnature of a member or authorized representative of a member		Printed or typed name of	_
prov the o to me	reby accept the appointment as registered agent a visions of all statutes relative to the proper and combiligations of my position as registered agent as perely reflect a change in the registered office addrived in writing of this change.	mplete performanc provided for in Cha	re of my duties, and I am famil opter 605, F.SOr, if this docu	iar with and accept ment is being filed
Sian	aure of Registered Agent Consider Service Cons	DV: A:	M Caenar Acet Vice Pres	ident
orgin	ature of Registered Agent Corporation Service Comp	рапу вт. Апп	M. Casper, Asst. Vice Pres	iuciit