L13000 166851

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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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#: 148234/065

Re: PS DAVIE ORANGE DR 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

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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.	Na	me of the limited liability company: PS DAVIE ORAN	IGE DF	R 2013, LLC	<u> </u>		
2.	(a)	701 Western Avenue	_ (b	1)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Glendale, CA 91201	- -				
		12/02/2013		L1300016	56851		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T Corporation System					
J.	(α)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	– e:		
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-		
					_		
		Plantation, FL_	33324	<u>.</u>	-		
		Contraction Contract					2.0
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	20 .	7.50 7.50 7.50 7.50
						High	定器
		1201 Hays Street				ن	高岛三
		NEW Registered Office Address:	-		-	, D=	OS OF ED
						AH IO:	Sign
			<u> </u>		<u>.</u>		至至
		Tallahassee	20204			20	- <u>G</u>
		Tananassee , FL	32301		_		C
the age wa	cha ent w s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability and the liability of the liability and the liability and the liability of the liability and the liability and the liability of the liability and the liability and the liability of the liability of the liability and the liability of the li	he regist pility co the lim	stered office ompany, it is lited liabilit	e and the business office s hereby confirmed that y company or as otherw	of the r	registered ngc(s)
1	/s/ J	ill Cilmi	Jill (Cilmi, Autho	prized Person		
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of sig	gnce	
I h pro the to i not	erel ovisi obli mere tified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of the address of the change.	e to act perform for in C ereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply r with ar ent is be pany ha	with the nd accept ring filed s been
Sie	ייולונטי	re of Registered Agent Corporation Service Company	RV. A	mi M. Caa	mor Acet Vice Dresid	ant	
- · Ē	,	Corporation Service Company	DI.A	nn ivi. Cas	per, Asst. Vice Presid	باللب	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00