L13000166855

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(51), 5 (61)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
,					
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SECREAGE SERVE

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FEB 14 2020



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#: 148234/066

Re: PS DAVIE UNIVERSITY 2013, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25 .

Please take the following action:

 \underline{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.

1.	Na	me of the limited liability company: PS DAVIE UNIVE	RSITY	201 <u>3, LLC</u>	
2	(a)	701 Western Avenue	(b)		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (<i>v</i>)	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Glendale, CA 91201	.		
		12/02/2013	_	L13000166	855
3.		Date of filing/registration in Florida	4.	I	Document number
5.	(a)	C T Corporation System			
	` '	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	10 ~
		1200 South Pine Island Road			020
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)		2020 JAN 30
		Plantation , FL_	33324		PH 4: 07
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Of 1201 Hays Street NEW Registered Office Address:	office add	ress:	O7
		Tallahassee , FL_	32301		
the ag	e cha ent v is/w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	he regist fility cou the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/s/ 3	fill Cilmi	Jill C	ilmi, Author	zed Person
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pr the to no	ovisi e obi mer tifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. The of Registered Agent Corporation Service Company	erforma for in C creby co	nce of my d hapter 605, nfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been her, Asst. Vice President
ν.	٠	Corporation Service Company	D1.71	141. Canp	or, ruon ruo ruondent