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(Re	questor's Name)					
(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
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Certified Conies	Certificates of	Status				
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Special Instructions to	Filing Officer:					
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Office Use Only



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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#: 148234/194

Re: PS PALM BAY BABCOCK 2013, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of $\frac{525}{2}$.

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.

1.	Na	me of the limited liability company: PS PALM BAY I	BABCOC	CK 2013, LL	.C			
2.	(a)	701 Western Avenue, Suite 200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Glendale, CA 91201	_					
		12/02/2013		L1300016				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	C T Corporation System						
	(/	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	•			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2020	
		Plantation, FL,	33324				2020 JAN 30	u 1
	(b)	Corporation Service Company					PH	; <u> </u>
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			1 1:03	
		1201 Hays Street	<u> </u>		_		3	
		NEW Registered Office Address:						
		Tallahassee, FL	32301					
th ag w	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confidence of the limited the limited to the limited the lim	stered office ompany, it is sited liability	e and the business o s hereby confirmed y company or as oth	ffice of that the	f the reg e change	istered e(s)
	/s/ J	ill Cilmi	Jill (Cilmi, Autho	rized Person			
	Signa	ure of a member or authorized representative of a member			Printed or typed name	of signe	e	
th to	ovisi e obl mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the confident of this change.	ee to act perform d for in (hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further agreduties, and I am fan J. F.S. Or, if this do the limited liability	e to co viliar w cumen compa	omply w vith and t is bein my has l	ith the accept g filed been
S	ignatu	re of Registered Agent Corporation Service Company	BY: A	mi M. Cas	per, Asst. Vice Pro	esiden	t	