## L13000166956

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(Address)					
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PICK-UP WAIT MAIL					
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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#: 148234/193

Re: PS OVIEDO 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

20 Jan 30 PM 3: 14

## STÂTEMENT 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. (a) 701 Western Avenue, Suite 200 Principal office address of limited liability company:  (Nate: MUST BESTREET ADDRESS)  Glendale, CA 91201  12/02/2013  3. Date of filling/registration in Florida 4. Document number  5. (a) CT Corporation System Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Road Registered Office Address (MUST RE FLORIDA STREET ADDRESS)  Plantation Fit. 33324  (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street  NEW Registered Office Address:  Tallahassee FLORIDA STREET ADDRESS of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida innited liability company, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida innited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of a member or authorized representative of a member of my dulies, and I am familiar with and accept the obligations of my position as registered agent and provided for in Chapter 605, F.S. Or, if this document is being file to member of his chapte.	1. Na	ame of the limited liability company: PS OVIEDO S	STATE RD 201:	3, LLC	
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  Glendale, CA 91201  12/02/2013  L13000166956  3. Date of filling/registration in Florida 4. Document number  5. (a) C T Corporation System  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Road  Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  Plantation  Fil. 33324  (b) Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street  NEW Registered Office Address:  Tallahassee  Fil. 32301  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changes of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Is fill Climi  Signature of a member or authorized by an affirmative vote of the members of the limited liability company.  Primed or typed name of signee  Primed or typed name of signee  I hareby accept the appointment as registered agent and agree to act in this capacity. If arther agree to comply with the provisions of all stantiers relative to the proper and complete performance of my dates, and I am familiar with and accept the other parts of the states. In the registered office address. I hereby confirm that the limited liability company is being filed to emproy reflect of change in the registered office address. If hereby confirm that the limited liability company is being filed to emproy reflect of change in the registered office address. If hereby confirm that the limited liability company is being filed.	2 (a)	701 Western Avenue, Suite 200	(b)		
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Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President	Signat	Clum Key	DV: Am:	A Cospor Asst Vice President	

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