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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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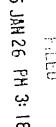
Office Use Only



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15 JAN 26 PH 3: 10
SECRETARY OF STATE
TALLAHASSEE, FLORID







CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 22, 2015

Order#: 468888/050

Re: TPC6747, 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: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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: TPC6747, LLC | | | | |
|--|----------------------|---|-------------------------------------|---|---|--|
| 2. | (a) | | _ (b) | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | M | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | 2020 Ponce de Leon Boulevard, Suite 907 | _ | | | |
| | | Coral Gables, FL 33134 | _ | | | |
| | | 01/29/2014 | _ | L1400001 | 6199 | |
| 3. | | Date of filing/registration in Florida | 4. |] | Document number | |
| 5. | (a) | Ronald R. Fieldstone, Esq. | | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: c/o Arnstein & Lehr LLP | | | | | : | |
| | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | | 200 S. Biscayne Boulevard, Suite 3600 | | | 5 J | |
| | | Missi | 00404 | | JAN 26 PH LAHASSEE. | |
| | | Miami , FL | 33131 | | AR SS | |
| | (b) | Corporation Service Company | | | PH PH | |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | FLS & | |
| | | | | | ORIE | |
| | | 1201 Hays Street | <u> </u> | | A | |
| | | NEW Registered Office Address: | | | | |
| | | | | ···· | | |
| | | Tallahassee, FL_ | 32301 | | | |
| the age wa | cha ent v s/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility con the limi | tered office mpany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| 76. 2017011 27 2 10010112 | | | | n, Authorized Person | | |
| Signature of a member or authorized representative of a member Printed or typed name of signee | | | | | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President | | | | | | |
| Corporation Service Company D1. Syrvia Quepper, rest. Free President | | | | | | |

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