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FILED 18 SEP 26 AM 6: 20 SECRETALE OF STATE TALLAHASSEE, FLORIDA

K SALY

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. 1	Name of the limited liability company: TS PEACHTREE NORTH, LLC				
2. (a	C/O STILES CORPORATION	((b) C/O STILES CORPORATION		
,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	`	/	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	301 E. LAS OLAS BLVD.		301 E. L/	AS OLAS BLVD.	
	FT. LAUDERDALE, FL. 33301		FT. LAUI	DERDALE, FL. 33301	
	AUGUST 1, 2014		L1400012	1276	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a	CORPORATION SERVICE COMPANY				
J. (6	Registered Agent and Registered Office shown on the records of t	he Floric	a Dept. of State:		
	1201 HAYS ST.				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	TAL SIL	
				SEP	
	TALLAHASSEE, FL	32301		26	
(b)	STEVEN W. DEUTSCH, ESQ.			A C	
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	FLORIN	
	1875 NW CORPORATE BLVD.				
	NEW Registered Office Address:				
	SUITE 100				
	BOCA RATON, FL,	33431	· · · · · · · · · · · · · · · · · · ·		
the ch agent was/v the ar	limited liability company is not organized under the law pange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the reg bility c f the lir limited	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	

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

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

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