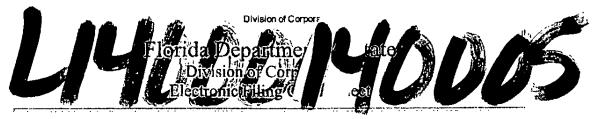
1/28/2016



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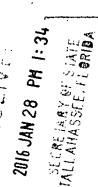
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114. 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. Name of the limited liability company: ORLANDO I	OTTS, LLC	·
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6751 Forum Drive Suite 200 Orlando, Florida 32821	
9/8/2014	L14000140005	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	ot. of State:
Registered Agent:	C T CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND ROPLANTATION, FL 33324	DAD
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address Business Filings Incorporated	DIR C
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pitte Island Road Plantation	FE33324
If the limited hability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of the reg lentical Or in the case of a Flor	ristered office ida limited
Signature of a member or authorized representative of a member	<u> </u>	
Craig C. Mateer, Manager		
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of im Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability completed to Mark Williams, AVP Business Filings Incomparison of Registered Agent		I further agree to ce of my duties, provided for in egistered office of this change.
	- 6227 Talkaliana El 22264	

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

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