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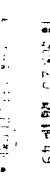
(Re	equestor's Name)					
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PICK-UP	MAIT	MAIL.				
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Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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JUN 2 6 2018

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.

ł.	Na	me of the limited liability company: OLP BOCA	A PLAZA, LLC		
2.	(a)	4730 NW 2nd Avenue, Suite 100	(b)		
((-)	Principal office address of limited liability company		Mailing address of limite	
		(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POS	<u>T OFFICE BOX</u>)
			·		
		Boca Raton, FL 33431			
		11/13/2014	L1400	00176354	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	OLP RE MGR LLC			
•	()	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of	State:	
		4730 NW 2nd Avenue, Suite 100			• =====================================
		Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)		(a)
					No.
					. CFι seest
		Boca Raton	. FL <u>33431</u>		
	(L)	Corporation Service Company			5
((b)	Enter name of NEW Registered Agent and/or NEW Registered	tered Office address:	 _	م ر
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee	FI 32301		
				·· ·	
If the	he li cha:	mited liability company is not organized under th nge or changes are made, the Florida street addres	e laws of the State of	I Florida, it is hereby co	nfirmed that after
age	nt w	ill be identical. Or, in the case of a Florida limite	ed liability company,	it is hereby confirmed t	that the change(s)
		re authorized by an affirmative vote of the memberles of organization or the operating agreement of			erwise provided in
		ndra Ross	•	s, Authorized Person	
		ure of a member or authorized representative of a member		Printed or typed name of	of signee
I h	ereb	y accept the appointment as registered agent and	lagree to act in this	capacity. I further agre	e to comply with the
pro the	visio obli	ons of all statutes relative to the proper and comp gations of my position as registered agent as pro	olete performance of vided for in Chapter	my duties, and I am fam 605. F.S. Or, if this doc	iliar with and accept cument is being filed
to r not	nere ifieg	by accept the appointment as registered agent and compone of all statutes relative to the proper and componition as registered agent as proly reflect a change in the registered office addrest in writing of this change	s, I hereby confirm to	hat the limited liability o	zompany has been
	(e, M Lev			
Sig	natur	e of Registered Agent Corporation Service Compar	nv – BY: Ami M. (Casper, Asst. Vice Pre	sident