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| (Re | equestor's Name) | | | | | | |
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| (Ac | ldress) | | | | | | |
| (Ac | ddress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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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: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 31, 2019

Order#: 110742/044

Re: SPF 200 EAST LAS OLAS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Baronie 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

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. N | ame of the limited liability company: SPF 200 EAST L | AS OLA | S, LLC | | | | |
|--|---|--|--|--|---|--|--------------------------|
| 2. (a) | 301 East Las Olas Blvd | | 301 East | st Las Olas Bivd | | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | Fort Lauderdale FL 33301 | _ | Fort Laude | erdale, FL 33301 | | | |
| | November 20, 2014 | _ | L14000179 | 896 | | | |
| 3. | Date of filing/registration in Florida | 4. | Γ | Document number | • | | |
| 5. (a) | FRANK WEINBERG & BLACK, P.L. | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of the | ne Florida ! | Dept. of State: | | | | |
| | % David Black, ESQ | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | | ~ | |
| | 7805 SW 6th Court | | | | 7 | 020 | *** |
| | Plantation , FL_ | 33324 | | | 77 77 78 | 2020 JAN -3 | 1 1 |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Company 1201 Hays Street NEW Registered Office Address: | Office add | <u>ress</u> : | | ALL CLASS E. E. FLORIDA | PH 2: 44 | |
| | Tallahassee , FL | 32301 | | | | | |
| Sign I heroprovis the obto meen notifie | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lattice of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a confident of this change. | the regist bility con the limited limi | ered office npany, it is ted liability ability compilmi, Authorian this capance of my dhapter 605, aftern that the | and the business of hereby confirmed company or as of pany. ized Person Printed or typed name city. I further again. | office of that the herwise e of signer ree to co- miliar w ocument ocument | the reg e change provide omply we ith and t is bein ny has b | istered e(s) ed in |