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| PICK-UP                                 | WAIT            | MAIL |  |  |  |  |  |  |
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SECRETARY OF STATE DIVISION OF CORPORATIONS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/038

Re: ARES SAN ANTONIO 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:Mary Rivers 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. Na  | ame of the limited liability com  | pany: ARES SAN A   | ANTONIO LI  | .C   |   |   |  |
|--|---|--|---|--|---|---|--|
| 2. (a)   |   |  | (b)   |  |   |   |  |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |   |   |  |
|  | 1003 S DAKOTA AVE APT 5   |  |   | 1003 S D   | DAKOTA AVE APT 5  |   |  |
|  | TAMPA, FL   | 33606  |   | TAMPA,   | FL 33606  |   |  |
|  | 01/28/2015  |  |   | L1500001   | 16893   |   |  |
| 3.   | Date of filing/registra   | tion in Florida  | 4.  |  | Document number   |   |  |
| 5. (a)   |   |  |   |  |   |   |  |
| J. (4)   | Registered Agent and Registered Off   | ice shown on the records   | of the Florida  | Dept. of State   | :   |   |  |
|  | MCINTYRE, RICHARD J   |  |   |  |   |   |  |
|  | Registered Office Address (MUS)   | T BE FLORIDA STREE   | T ADDRESS)  |  |   |   |  |
|  | 6943 EAST FOWLER AVE  |  |   |  |   |   | <u> </u>                                 |
|  |   |  | FI 33617  |  |   | 18 MAR 21   | SECF                                     |
|  |   | · · · · · · · · · · · · · · · · · · ·  | 1 E   |  |   | 轰   | 로졌<br>으킨고                                |
| (b)  | Corporation Service Compan  | у  |   |  |   | 12  | 287<br>1187<br>1187                      |
|  | Enter name of <u>NEW Registered Age</u>   | ent and/or NEW Register  | red Office add  | ress:  |   | 3   | 중요다                                      |
|  |   |  |   |  |   | PH 12: 28   | STA                                      |
|  | 1201 Hays Street  |  | · ·   |  |   | <b>6</b>  | S.                                       |
|  | NEW Registered Office Address:  |  |   |  |   |   | 10                                       |
|  | Tallahassee   |  | EI 22204  |  |   |   |  |
|  | Talianassee   | ,  | FL <u>32301</u>   |  |   |   |  |
| the cha<br>agent v<br>was/w                        | imited liability company is not<br>ange or changes are made, the F<br>will be identical. Or, in the case<br>ere authorized by an affirmative<br>icles of organization or the oper | lorida street address<br>e of a Florida limited<br>e vote of the member                        | of the regist<br>liability cons<br>s of the limi            | tered office<br>mpany, it is<br>ted liability                                | and the business offi-<br>hereby confirmed that<br>company or as other                                  | ce of the r<br>at the char                          | egistered<br>ige(s)                      |
| /S/ A  | LBERTO DE ALEJO   |  | Albe  | rto De Alejo   | o, Authorized Person  |   |  |
| _  | ture of a member or authorized represe  |  | •   |  | Printed or typed name of  | ŭ   |  |
| I here<br>provisi<br>the obl<br>to mer<br>notified | by accept the appointment as re<br>ions of all statutes relative to th<br>ligations of my position as regis<br>ely reflect a change in the regis<br>d in writing of this change.  | egistered agent and a<br>e proper and comple<br>stered agent as provi<br>tered office address, | igree to act<br>ele performa<br>ded for in C<br>I hereby co | in this capa<br>nce of my a<br>hapter 605,<br>nfirm that t                   | icity. I further agree<br>duties, and I am famili<br>, F.S. Or, if this docu<br>he limited liability co | to comply<br>iar with ar<br>ment is be<br>mpany ha. | with the<br>ad accepting filed<br>s been |
| <u></u>  | Chace Cokyble   |  | D   | T 451  | 4 <del>4</del> .  |   |  |
| Signatu  | re of Registered Agent Corporation  | n Service Company  | y BY: Gr  | ace E. Kir   | by, Asst. Vice Presi  | dent  |  |