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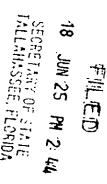
(Requestor's Name)					
(Address)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

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: Ami Casper ami.casper@cscglobal.com

Date: June 21, 2018

Order#: 268124/011

Re: OLP D1 PRE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Ami Casper 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	me of the limited liability company: OLP D1 PRE, LI	LC		
2.	(a)	640 Lee Road, 3rd Floor Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Wayne, PA 19087	_		
		03/19/2015		L1500004	19853
3.		Date of filing/registration in Florida	4.		Document number
E	()	OLP PE MGR LLC			
5.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida	ı Dept. of Stat	 e:
		14545J Military Trail, 200			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	;)	_
		<u></u>		•	
		Delray Beach . FI.	33484	1	- SEG
(b	(b)	Corporation Service Company		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office ad	dress:	FILED W 2:45 JUN 25 PH 2:45 JUN 25 PH 2:45 ALLANISSEE, FLORIDA
		1201 Hays Street			7 77
		NEW Registered Office Address:			20 TE 5
					-
		Tallahassee	32301		-
the age	e cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi: bility co f the lim	stered offici ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		ndra Ross	San	idra Ross, A	Authorized Person
	-	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to no	ovisi obl mere tified	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change	perform I for in (nereby c	ance of my Chapter 60: onfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	unatu	re of Registered Agent Corporation Service Company	BY: A	.mi M. Cas	sper, Asst. Vice President