

L16000060588

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2016 SEP 26 AM 9:54

T. CLINE

SEP 26 2016

EXAMINER

16 SEP 25 PM 1:51

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 410924 7932413

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : September 25, 2018

ORDER TIME : 12:01 PM

ORDER NO. : 410924-015

CUSTOMER NO: 7932413

CHANGE OF AGENT

NAME: 89 MIDDLE ROAD LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

2018 SEP 25 AM 9:54

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 89 Middle Road LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Reardon, Paralegal

\_\_\_\_\_  
Name of Person

Squire Patton Boggs (US) LLP

\_\_\_\_\_  
Firm/Company

201 E. Fourth Street, Suite 1900

\_\_\_\_\_  
Address

Cincinnati, OH 45202

\_\_\_\_\_  
City/State and Zip Code

adam.bulmer@w-one.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Paralegal                      513                      361-1259  
\_\_\_\_\_  
Name of Person                      at (                      )                      Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2018 SEP 2 AM 9:54

**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. Name of the limited liability company: 89 Middle Road LLC

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)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

03/28/2016

L16000060588

3. Date of filing/registration in Florida

4. Document number

5. (a) Gregory E. Young

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

c/o Squire Patton Boggs (US) LLP

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1900 Phillips Point West, 777 South Flagler Drive

West Palm Beach, FL 33401

(b) Stuan T. Kapp

Enter name of NEW Registered Agent and/or NEW Registered Office address:

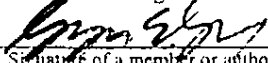
c/o Kapp Morrison LLP

NEW Registered Office Address:

7900 Glades Road, Suite 550

Boca Raton, FL 33434

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

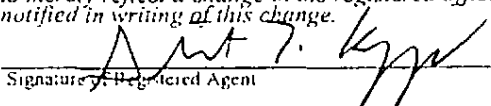


Signature of a member or authorized representative of a member

Gregory E. Young, Authorized Signatory

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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