Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000923 Phone : (850)222-1092

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REGISTERED AGENT CHANGE

MONADNOCK PROPERTY TRUST LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

110777 707 100 100 100 100 100 100 100 1		
Pursuant to the provisions of sections 608.416 or 600 liability company submits the following statement in or agent, or both, in the State of Florida.	3.508, Florida Statutes, the undersigned limited rates to change its registered office or registered	
1. The name of the limited liability company is: Monad	nock Property Trust LLC	
2. The mailing address of the limited liability company		
	Page 100 0 - mp 677	
3/9/2001	M01000000527	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of the	
Corporation Service Company		
Name		
1201 Hays Street		
Address	i	
Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·	
City, State ar	id Zip	
6. The name and address of the new registered agent and	Vor office:	
	SE SE	>
C T Corporation System		•
Name	CRE IAR :	7
1200 South Pine Island Road		لنقب
Florida street address (P.O. E	The state of the s	,
Plantation FL 33	324 🔭 🗀	-
City, State and	프라	
If the limited liability company is not organized under the confirmed that after the change of changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company. (Signature of a member or authorised representative of a member)	e laws of the State of Florida, it is hereby From the Florida street address of the registered office ntical. Or, in the case of a Florida limited when authorized by an affirmative vote of wise provided in the articles of organization or	
Christen Vinnola, Vice President (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa. C T Corporation System (Signature of Repistered Agent) Division of Corporations, P.O. Res.	roper and complete performance of my Auties, ostition as registered agent as provided for in serely reflect a change in the registered office my has been notified in writing of this change.	
Division of Corporations, P.O. Box 6	36/, Rauedesco, Pl 36314	

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