Division of Corporations **Electronic Filing Cover Sheet**

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Fax Number

: (850)878-5368

annual report mailings. Enter only one email address please. **Enter the email address for this business entity to be used for

LLC REGISTERED AGENT CHANGE MEDLEY INDUSTRIAL, LLC

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Corporate Filing Menu

Help

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□ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

10/2/2015 10:54:10 AM From: To: 8506176383(3/3)

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. 1	Name of the limited liability compa	any: Medley Industri	al, LLC					
2. (a	2 Seaport Lane, 15th Floor, Bos	ston, MA 02210		ъ) 2 Se	eaport Lane, 15th I	Floor, Boston, MA 02210		
	Principal office address of limi (Note: MUST BE STRE					of limited liability company: BE POST OFFICE BOX)	****	
3.	Date of filing/registrati CORPORATION SERVICE COM		4.	M010	00002808 Document n	number		
5. (a	1) Registered Agent and Registered Office		f the Florid	la Dept. c	of State:			
(b)	1201 HAYS STREET TALLAHASSEE		L_32301-	2525		15 OCT -2 AM 7: 43 SCHEFARY OF STATE FALLAHASSEE, FLORID		
	NEW Registered Office Address:					EA C		
	1200 South Pine Island Road							
	Plantation		33324		_			
the chagent was/v the ar	limited liability company is not on nange or changes are made, the Flo will be identical. Or, in the case of were authorized by an affirmative of ticles of organization or the opera- nature of a member or authorized represent	orida street address of a Florida limited livote of the members ting agreement of the lative of a member	f the reg iability of of the ling e limited	istered of company nited lia liability	office and the busing, it is hereby confability company or y company. James J. F Printed or type	iness office of the registerimed that the change(s) ras otherwise provided in range of signee	red n	
provi. the ol to me notific CTC By:	eby accept the appointment as reg sions of all statutes relative to the oligations of my position as registe rely reflect a change in the registe ed in writing of this change. corporation System	proper and complete	e perforn ed for in hereby (nance o	t my duties, and i i	am familiar with and acc	ent.	
	·-•	corporations PO	Box 632	7≠ Tali 5,00	lahassee, FL 3231	14		

INHS18 (2/14)