MOL 60000 2799

| (Re | equestor's Name) | | | | | | |
|---|-------------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Ad | ldress) | | | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL. | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

10

Office Use Only



400283788634

03/29/16--01023--006 **25.00

MAR 3 I LIVE RE



MAR 31 LUIO J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: March 25, 2016

Order#: 069071-014

Re: PORTFOLIO REAL ESTATE PALM BAY, 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 Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.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: PORTFOLIO RE | AL EST | TATE PALM B | AY, LLC | · · · · · · · · · · · · · · · · · · · | | |
|--|-----------------|--|--|--|--|--|---|--|
| 2. (a) | | Cira Centre, 2929 Arch Street | |) Cira Cent | Cira Centre, 2929 Arch Street | | | |
| , | (- <i>)</i> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 17th Floor | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 17th Floor | | | | |
| | | | | | | | | |
| | | Philadelphia, PA 19104 | _ | Philadelphia | a, PA | 19104 | , | |
| | | 05/18/2006 | | M06000002 | 799 | | | |
| 3. | | Date of filing/registration in Florida | 4. | D | ocument n | umber | | |
| 5. | (a) | National Corporate Research, Ltd., Inc. | | | | | | |
| | • | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State: | | | | |
| | | 115 North Calhoun St. | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A) | DDRESS | 3) | | | | |
| | | Suite 4 | | | | Ž. | == | |
| | | Tallahassee , FL | 32301 | <u> </u> | | | 6 MAR | |
| (b) | b) . | Corporation Service Company | | | | ASS | Α | |
| | | Enter name of NEW Registered Agent and/or NEW Registered O | | dress: | | | | |
| | | 1201 Hays Street | | | | | An instance | |
| | | NEW Registered Office Address: | | | | | S | |
| | | | | | | | | |
| | | Tallahassee, FL_ | 32301 | | | | | |
| the ager was the Signature of the provide the state of th | chaint we artic | mited liability company is not organized under the lawsing or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member on authorized representative of a member on authorized representative of a member on authorized representative of a member of a member of a statutes relative to the proper and complete programment of the proper and complete programment of the registered agent as provided by reflect a change in the registered office address. I he time writing of this change. | he reginated in the limited in the l | stered office a ompany, it is h nited liability of liability compa lers Laren, Ser | nd the busicereby conficereby conficereby conficereby conficereby createry conficereby the Liberth Conficereby con | iness office of the firmed that the ras otherwise point in DUSTA MEMB in the control of the range to t | the registered change(s) provided in RAL PORTFOLICER, LLC | |

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President