To:

## lorida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000387784 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE BEL PEMBROKE HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

HOV 0 9 2023 K. Brumbles To:

DocuSign Envelope ID: 9544C2F9-8212-4A2A-9258-9CADF58EC50C

## 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. N	ame of the limited liability company:  BEL PEMBROKI	E HOLDINGS LLC	
2. (a)	Two International Place	International Place TWO INTER	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of linuted liability company (Note: MAY BE POST OFFICE ROX)
	PLACE BOSTON. MA 02110	PLACE	BOSTON, MA 02110
	08/01/2006	N106000004247	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
(b)	Registered Agent and Registered Office shown on the records of to 1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET A		nie.
	TALLAHASSEE, FL_	32301-2525	- 20
	C T Corporation System		2023 NOV
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	V-8 AH
	NEW Registered Office Address:		
	1200 South Pine Island Road		7: 38
	Plantation, FL_	33324	_
the cha agent was/w the are	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of interest of the operating agreement of the limit.	the registered office the state of the state	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
I here provis the ob- to mer notifie By:	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.  CT Corporation System  The of Registered Agent SEANL EMERICK ASSISTANT SECRETARY	ee to act in this cap performance of my I for in Chapter 60 weeky confirm that	occity: I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25,00