## M0600000 4891

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2020

Order#: 316254-062

Re: BRE/JEWEL PARCEL L.L.C.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

l. N	ame of the limited liability company: BRE/JEWEL F	PARCEL L.L.C.	
2. (a)	233 S. Wacker Drive, Suite 4700	(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)
	Chicago, IL 60606	 	
	09/06/2006	M06	000004897
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
. ,	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	202
	Plantation . F	33324	
	, r	L	
(b)			<b>C</b> i
•	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	=======================================
	Corporation Service Company		<del>1:</del> 5:
	NEW Registered Office Address:		o
	1201 Hays Street		<del></del>
	Tallahassee , F	32301 L	
hang gent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members titles of organization or the operating agreement of the	e registered of iability compar of the limited e limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	apare of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob	by accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ree to act in the performance ed for in Chapt hereby confiri	us capacity. I further agree to comply with the
		Corporation 5	Service Company
· ·	ure of Registered Agent	•	· ·
ımı N	M. Casper, Asst. Vice President Division of Corporations P.O.	Box 6327 • Ta	allahassee. FL 32314

FILING FEE: \$25.00

INHS18 (2/14)