Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000267730 3)))



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To:

Division of Corporations

Fax Number

: (B50)617-63B3

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)222-1092 ; (850)878-5368

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

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rrsar	Address:			

LLC REGISTERED AGENT CHANGE KTR SENECA I LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

C. LEWIS

NOV 1 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: KTR Seneca I LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for f	iling.						
Please return all correspondence concerning this matter to the following:							
Aisha Nyazic							
Name of Person							
KTR Capital Purtners							
Firm/Company							
Five Tower Bridge, 300 Barr Harbor Dr., Stc. 150							
Address							
Conshohocken, PA 19428							
City/State and Zip Code							
anyazie@ktrcapital.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
To future internation concerning and maker, presses with							
at (· ·)							
Name of Person Area Code & Daytime Telephone Num	ber						
STREET/COURIER ADDRESS: MAILING ADDRESS:							
	Registration Section						
·	Division of Corporations P.O. Box 6327						
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee & Certified Cop	у						

FLO15 - 11/16/2010 C T System Online

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

age to your period and the same of the same			
1. Name of the limited liability company: KTR Seneca I LL	c		
2. (a) Principal office address of limited liability company	y: Five Tower Bridge		
(Note: MUST BE STREET ADDRESS)	300 Barr Harbor Dr., Ste. 150		
	Conshohocken, PA 19428		
(b) Mailing address of limited liability company:	· · · · · · · · · · · · · · · · · · ·		
(Note: MAY BE POST OFFICE BOX)	ASE SE S		
11/15/2006	M06000006301		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET		
Registered Office Address.	TALLAHASSEE FL 32301-2525		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	C T Corporation System 1200 South Pine Island Road		
NEW Registered Office Address:			
(MUST BE FLORIDA STREET ADDRESS)	Plantation ,F1, 33324		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization		
Steven Zinnot			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies of the compa	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent Signature of Registered Agent Division of Corporations, P.O. Box 63	' i £_a' ·		
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)