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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

DII NOV 10 AM 8: 0 SECRETARY OF STATE

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

Emal.	Address:			

## LLC REGISTERED AGENT CHANGE KTR SENECA II LLC

TANOVIO AN 7: 09
SECRETARY OF STATE

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

J. SAULSBERRY EXAMINER

NOV 1 4 2011

## COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: KTR Seneca II LLC	•
Name of Limite	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Aisha Nyazie Name of Person	
Maine of Letson	F. 12
KTR Capital Partners	ZOII NOV IO SECRETARY ALLAHASSE
Firm/Company	<u> </u>
<b>,,</b>	ASS V
Five Tower Bridge, 300 Barr Harbor Dr., Ste. 150	in the second
Address	AM 8: 03 FLORIDA
	L ORA
Conshohocken, PA 19428	03 10 <sub>A</sub>
City/State and Zip Code	<del></del>
anuncia (Aletrocaita) dom	
anyazie@ktrcapital.com  E-mail address: (to be used for future annual report notification)	(co
For further information concerning this matter, ple	
at (	)
Name of Person	Area Codo & Daytimo Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tailahassec, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

JNHS18 (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.

in, or bony in the bidie by 2 toriud,				
Name of the limited liability company: KTR Seneca II LLC				
(a) Principal office address of limited liability company:  Five Tower	r Bridge			
(Note: MUST BE STREET ADDRESS) 300 Barr Harbor D	., Stc. 150			
Conshohocken, PA				
(b) Mailing address of limited liability company:	2011 TALL			
(Note: MAY BE POST OFFICE BOX)	CRE			
	ASS			
5/2006 M06000006302	mo 3			
Date of filing/registration in Florida 4. Document number 1.	moer - W			
(a) Registered Agent and Registered Office shown on the records of the	Florida Dept. of State: O			
	ERVICE COMPANY			
(AD) CAND CORP.	1201 HAYS STREET			
Registered Office Address.	TALLAHASSEE FL 32301-2525			
·	<u> </u>			
1920 W Registered Agents	C T Corporation System  1200 South Pine Island Road			
(MUST BE FLORIDA STREET ADDRESS)				
Plantation	,FL_33324			
the limited liability company is not organized under the laws of the State of firmed that after the change or changes are made, the Florida street address the business office of the registered agent will be identical. Or, in the capility company, it is hereby confirmed that the change(s) was/were author the members of the limited liability company or as otherwise provided in the operating agreement of the limited liability company.	ess of the registered office use of a Florida limited ized by an affirmative vote			
ted or typed name of signee	·			
ereby accept the appointment as registered agent and agree to act in this apply with the provisions of all statutes relative to the proper and complete	capacity. I further agree to performance of my duties			
ereby accept the appointment as registered agent and agree to act in this nply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligations of my position as registere apter 608, F.S. Or, if this document is being filed to merely reflect a chair iress, I hereby confirm that the limited liability company has been notified a CT proposation by the company has been notified to the company has been notified	ige Tin			

**FILING FEE: \$25.00** 

INHS18 (05/08)