110700001827

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

S Warren APR 2 8 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 25, 2017

Order#: 578496-054

Re: BR SUMMIT 13, LLC

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: Grace Kirby 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.

OUCA.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 | ame of the limited liability company: BR SUMMIT 13, | LLC | ······ | | |
|--|--|---|--|--|--|
| 2. (a) | 712 Fifth Avenue, 9th Floor Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) 27777 Franklin Road, Suite 900 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | New York NY 10019 | _ | Southfield | I, MI 48034 | |
| | 03/28/2007 | _ | M0700000 | 1827 | |
| 3. | Date of filing/registration in Florida | 4. | l | Document number | |
| 5. (a) | NRAI Services, Inc. | | | | |
| | Registered Agent and Registered Office shown on the records of the | ne Florida l | Dept. of State: | | |
| | 1200 South Pine Island Road | | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | 1, 11, 12, 12, 12, 12, 12, 12, 12, 12, 1 | | | | |
| | Plantation, FL_ | 33324 | | SEC SEC | |
| (E) | Corporation Service Company | | | ₹ <u>7</u> 7 | |
| (p) | Enter name of NEW Registered Agent and/or NEW Registered (| Office add | ress: | AR: 27 | |
| | | | | | |
| | 1201 Hays Street | | | F ST | |
| | NEW Registered Office Address: | | | TATE | |
| | | - | | > | |
| | Tallahassee FI. | 22204 | | | |
| | Tallahassee , FL_ | 32301 | | | |
| the chargent was/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial creation or the operating agreement of the li- | the regist bility con the limit | ered office npany, it is ed liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| <u> </u> | - Xel C. Wille | Jill Ci | | zed Person | |
| I herei provisi he obl o mere totified | by accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered affice address, I had in writing of this change. | ee to act i performa for in Ci ereby coi | | Printed or typed name of signce city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been | |
| <u>犬</u> Signatu | Lac. C. Kuble re of Registered Agent Corporation Service Company | BY: Gra | ace E. Kirb | by, Asst. Vice President | |

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