Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM

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KERLL	ACCTORS!			

LLC REGISTERED AGENT CHANGE DCX CB SQUARE EIGHT LLC

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Corporate Filing Menu

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FEB 2 7 2014

T. BROWN

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

Pursuant to the provisions of sections 605.0114, 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. 1	Van	ne of the limited liability company: DCX CB SQUAR	E EIGHT LLC					
2. ((a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 518 17TH STREET SUITE #1700 DENVER, CO 80202					
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	518 17TH STREET SUITE #1700 PC DENVER, CO 80202	F 1 1 1 2 2 3 1 1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
0611	12/2	007	, (C)					
<u>06/1</u> 3. J		e of filing/registration in Florida	4. Document number					
				200				
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					
			TALLAHASSEE, FL 32301-2525					
								
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Agent:	C T Corporation System					
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1200 South Pine Island Road					
		MUSI BE PLORIDA STREET ADDRESS	Plantation ,FL 3332	.4				
con and liab the	fin the ilit me	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be iden y company, it is hereby confirmed that the change(sembers of the limited liability company or as otherweating agreement of the limited liability company.	lorida street address of the registered of tical. Or, in the case of a Florida limited was/were authorized by an affirmative	Tice d vote of				
Sign	atur	e of a member or authorized representative of a member	_					
Step	phar	nie Sabo, Member						
		or typed name of signee	_					
I he con and Che add	ere Iply Ipi Ipi Ires	by accept the appointment as registered agent and to with the provisions of all statutes relative to the prain familiar with and accept the obligations of my poer 605, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability compan	igree to act in this capacity. I further a oper and complete performance of my d sition as registered agent as provided f rely reflect a change in the registered o y has been notified in writing of this ch	gree 10 julies, or in ifice ange.				
<u> </u>		re of Registered Agent						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)