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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Phone Fax Number

: (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.

D	٦.	Address

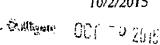
LLC REGISTERED AGENT CHANGE PRIM MEDLEY PALMS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	Name	of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Jenni T	· ·ernandez	
	Name of Person	
AEW (Capital Management, LP	
	Firm/Company	
Two S	eaport Lane, 15th Fioor	
	Address	
Boston	a, MA 02210	
	City/State and Zip Code	
Jenni.F	Fernandez@aew.com	
	-mail address: (to be used for future annu-	al report notification)
For fu	rther information concerning this matter, p	lease call:
Jenni F	Pernandez	at (_ ·)
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	MARLING ADDRESS: Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following a	mount:
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS)	8 (2/14)	

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. (a)	2 Seaport Lane, 15th Floor, Boston, MA 02210	(b	b) 2 Seaport Lane, 15th Floor, Boston, MA 02210
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/14/2007		M07000003617
	Date of filing/registration in Florida	4.	Document number
. (a)	CORPORATION SERVICE COMPANY		
. (4)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS	
	TALLAHASSEE	FL_32301-25	525
(b)	C T Corporation System		
(-)	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	Idress: 2
	NEW Registered Office Address:		weeks and the
	NEW Registered Office Address: 1200 South Pine Island Road		
	1200 South Pine Island Road	FL_33324	
ie cha gent v as/wo	1200 South Pine Island Road	laws of the of the regis liability co s of the limi he limited li	State of Florida, it is hereby confirmed that after stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
e cha gent v as/wo e arti	Plantation Plantation imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member	laws of the of the regis liability co s of the limi he limited li	State of Florida, it is hereby confirmed that after stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.

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