

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
DCX CB SQUARE TWENTY-FOUR JC LLC**

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

FEB 26 2014

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

FEB 27 2014

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. Name of the limited liability company: DCX CB SQUARE TWENTY-FOUR JC LLC

2. (a) Principal office address of limited liability company: 518 17TH STREET SUITE #1700
(Note: **MUST BE STREET ADDRESS**) DENVER, CO 80202

(b) Mailing address of limited liability company: 518 17TH STREET SUITE #1700
(Note: **MAY BE POST OFFICE BOX**) DENVER, CO 80202

07/24/2007 M07000004387
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
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: 1200 South Pine Island Road
(**MUST BE FLORIDA STREET ADDRESS**) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stephanic Sabo
Signature of a member or authorized representative of a member

Stephanic Sabo, Member
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Rebecca Bath
Signature of Registered Agent

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

INHS18 (12/13)