

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE DCX CB SQUARE TWENTY-SEVEN DC LLC

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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. Name of the limited liability company: DCX CB SQUARE TWENTY-SEVEN DC LLC 2. (a) Principal office address of limited liability company: 518 17TH STREET SUITE #1700 (Note: MUST BE STREET ADDRESS) **DENVER, CO 80202** 518 17TH STREET SUITE #1700 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) **DENVER, CO 80202** 07/24/2007 M07000004391 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 CORPORATION SERVICE COMPANY Registered Agent:  $\bar{\Xi}_{i,j}$ 1201 HAYS STREET Registered Office Address: TALLAHASSEE, FL 32301-2525 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: C T Corporation System 1200 South Pine Island Road **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 33324 Plantation 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. the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Stephanie 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 camply 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: Signature of Registered Agent

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

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