MU7000004615

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(business Entity Warrie)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations				
STAG III Pensacola, LLC	•			
	ne of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for fil	ing.	
Please return all correspondence concerning th	is matter to th	he following:		
Jeff Speredelozzi				
Name of Person				
Precision Corporate Services				
Firm/Company				
44 School St., Suite 44				
Address				
Boston, MA 02108				
City/State and Zip Code			<u> </u>	<u></u>
stag@precisioncorp.com			,	133 H.Z
E-mail address: (to be used for future an	nual report no	otification)	;	SI 24
For further information concerning this matter	, please call:			5- - J
Jeff Speredelozzi	617	227-2276	÷	:2
Name of Person		Area Code & Daytime T	elephone N	<u>ု</u> lumbér
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followin	g amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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

i. N	lame of the limited liability company: STAG III Per	nsacola, LL(2			
2. (a)	ONE FEDERAL STREET, 23RD FLOOR	(b) OI	(b) ONE FEDERAL STREET, 23RD FLOOR			
-· (•·.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BOSTON, MA 02110	BC	OSTON, MA 02110			
		<u></u>				
	8/1/2007	M03	700004615			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	, C T CORPORATION SYSTEM					
J. (a	Registered Agent and Registered Office shown on the records o	f the Florida Dept	. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	"ADDRESS)				
	PLANTATION	33324	-			
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:				
	NEW Registered Office Address:					
	155 Office Plaza Dr., Suite A		100			
						
	Tallahassee F	L_32301	: 3 : 5			
the chagent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the layer of a member of authorized representative of a member eby accept the appointment as registered agent and agricultures of all statutes relative to the proper and completed ligations of my position as registered agent as provide rely reflect a change in the registered office address.	of the registered liability compared to get in the limited liability compared to get liability compare	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Alan H. Simmons Printed or typed name of signee			
nonya	ea in writing of this change.	hereby confir.	•			

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