Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000198316 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

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. **

Email	Address:			

LLC REGISTERED AGENT CHANGE MPT OF FT. LAUDERDALE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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.

1.	Na	ame of the limited liability company: MPT OF FT. LAI	JDERD	ALE, LLC		
2.	(a)		1	(b)		
	,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1000 URBAN CENTER DRIVE SUITE 501				
		BIRMINGHAM, AL 35242				
		03/20/2008		M08000001350		
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	NRAI Services, Inc.				
J. (u)		Registered Agent and Registered Office shown on the records of t	- e:			
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A	-			
		Plantation , FL	33324		2016 AUG	
<i>(</i> L)					HE 6	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	T ISS			
	C T Corporation System			A CONTRACTOR OF STATE		
		NEW Registered Office Address:			PRI 2	
		1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·		
		Plantation , FL	33324		-	
the age wa	cha ent w s/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	the reg bility of the li	istered office company, it is mited liabilit	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
		_ gepenber	Ste	phanic Bochm		
		ure of a member or authorized representative of a member		_	Printed or typed name of signee	
pro the to t	iereb ovisio obli mere tifiea	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete i gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change	ee to ac perform for in ereby	et in this cape nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
	1 00	rporation System	WIE!	eu iou	illati	
Sig	natur	e of Registered Agent AS	sist	ant Se	cretary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00

INHS18 (2/14)

Ву