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LLC REGISTERED AGENT CHANGE CHR TARPON SPRINGS 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 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	me of the limited liability company: CHR TARPON S	PRINC	GS L	LC					
2. (a)		200 International Circle #3500, Hunt Valley, MD 21030 Principal office address of limited liability company:			(b) 200 International Circle #3500, Hunt Valley, Mailing address of limited liability comp					
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POS	<u>T OFFICE</u>	<u> BOX</u>)		
		11/7/2008		1	 M 0800 00	04929				
3.		Date of filing/registration in Florida	4.			Document number				
5.	(a)	CORPORATION SERVICE COMPANY								
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		1201 HAYS STREET								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_					
							Es s	28		
		TALLAHASSEE , FI	3230	1-25	25		ECRE	2015 JUN 16		
	(b)	C T Corporation System				_	ASSI ASSI	=		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	gdd	<u>ress</u> :		nio	\supset		
					•		- S	<u>ن</u> ت		
		NEW Registered Office Address:					REE			
		1200 South Pine Island Road				_)ter	2		
		Plantation , FI	33324	ļ						
th ag w: th	e cha ent v as/we e arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members called or organization or the operating agreement of the	f the re lability of the l limite	gist cor limi d li	ered off mpany, i ted liabi	ice and the business of t is hereby confirmed lity company or as oth ompany.	ffice of th that the cl erwise pr	e regis hange(stered s)	
		ture of a member or authorized representative of a member				Printed or typed name	•	,		
I proth to no	herei oviși e obl mere tified	by acceptline appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to a perfor ed for i hereby	act rma n C v co	in this co nce of m hapter o nfirm thi	apacity. I further agre by duties, and I am fam O5, F.S. Or, if this do at the limited liability (e to comp viliar with cument is company	oly with and a being has be	h the eccept filed een	
	gnatu	re of Registered Agent								
S	aman	tha Jones, Assistant Secretary, C T Corporation System Division of Corporations P.O. FILING F				assee, FL 32314				