## M08 000005174

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE.
ALLAHASSEF FINANCE.

JUL 23 2013 T CLINE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-131

Re: GULF COAST MASTER TENANT II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

SECRETARY OF STATE TALL WHASSEE, FLORIDA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

- T			
1. Name of the limited liability company: GULF COA	ST MASTER TENANT II, LLC		
2. (a) Principal office address of limited liability com	nany: 2 North Palafox Street		
(Note: MUST BE STREET ADDRESS)	Pensacola, FL 32502		
		7 S 28	
		GRE CRE	بمائعتم
(b) Mailing address of limited liability company:	2 North Palafox Street		
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	7.3.Y 1.3.8.E	
		(A) Co	j j
44/05/0000	1400000005474		Ti.
11/25/2008	M08000005174	STATE DRIB	90.00
3. Date of filing/registration in Florida	4. Document number	<u> </u>	
5. (a) Registered Agent and Registered Office showr	on the records of the Florida	75 /**	
		-	
Registered Agent:	Capitol Corporate Service	es, Inc.	
Registered Office Address:	155 Office Plaza Dr., Sui	te A	
	Tallahassee, FL 32301		
			<del></del>
(b) Enter name of <u>NEW Registered Agent</u> and/or <b>NEW</b> Registered Agent:	NEW Registered Office add		
		· · · · · · · · · · · · · · · · · · ·	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 3230	1
	Tananasse	,ı <u>Lozoo</u>	•
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of the dentical. Or, in the case of a gc(s) was/were authorized by erwise provided in the article	e registered off Florida limited an affirmative	vote of
Dona Priebe, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manager 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con Corporation Service Company  By: Luncal San	ind agree to act in this capaci he proper and complete perfor ny position as registered agen o merely reflect a change in t npany has been notified in wr	ity. I further ag rmance of my di t as provided fo he registered oj iting of this cha	ree to uties, or in fice nge.

Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

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