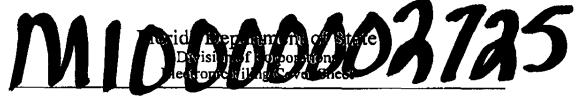
Division of Corporations

Page 1 of 1



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.

(((H13000177397 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

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KMALL	Address:

LLC REGISTERED AGENT CHANGE TRT NOIP SW 80 - PLANTATION LLC

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D. BRUCE

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Corporate Filing Menu

Help

8/9/2013

	c	COVER LETTER		
	Registration Section Division of Corporations	·		
SUBJE	CT: TRT NOIP SW 80 - PLANTATION	ILLC		
	Name of 1	Limited Liability Company		
Dear Sir	r or Madam;			
The enc	losed Registered Agent/Registered C	Office Change and fee(s) are submitted for file	ing.	
Please r	eturn all correspondence concerning	this matter to the following:		
	Name of Person			
	Numb of Lethou			
		•		
	Firm/Company			64
		ŕ		23
	Address			A U
	Variess	် ဟ	20	وُ
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	City/State and Zip Code		S	AX 10: 56
			<u> </u>	ک بخ
E-m	all address: (to be used for future annual report :	notification)	^{1,*} ; •	ת
For furt	her information concerning this matt	ter, piease call:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		at ()		
	Name of Person	Area Code & Daytime Telephone Numb	CIT .	_
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building	P.O. Box 6327		
:	2661 Executive Center Circle	Tallahassee, Florida 32314		
•	Tallahassee, Florida 32301			
:	Enclosed is a check for the followi	ng amount:		
I	🗅 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in o agent, or both, in the State of Florida.	8.508, Florida Statutes, the u rder to change its registered t	ndersigned lin office or regist	iiled ered
1. Name of the limited liability company: _TRT NOIP SY	W 80 - PLANTATION LLC	·	
 (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 	518 17TH ST, STE. 1700 DENVER, CO 80202		<u> </u>
(b) Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			<u>=</u>
6/17/2010	M10000002725		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florida De	•	
		≥ , ≥	
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2	525	
en e		Fift C	(
(b) Enter name of <u>NEW Registered Agent</u> and/or N	IRW Registered Office addre	S	772
		min.	
NEW Registered Agent:	CT Corporation System	FS A	
NEW Registered Office Address:	1200 South Pine Island Road	\$57 6	工
(MUST BE FLORIDA STREET ADDRESS)	Plantation	P.F. 33 924	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the rentical. Or, in the case of a Florical was/were authorized by an rwise provided in the articles o	egistered office orida limited affirmative vo	te of
()			
Nichol McCroy Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all signates relative to the and I am ignitiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp By: ET Considered Research Signature of Regulered Recht Assistant Secret		I further agre ince of my quel is provided for registered offic g of this chang	e to es, in :e.

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

INHS18 (05/08)