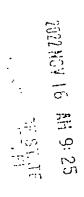
## M10000005579

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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A. EUTLER NOV 17 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 116888 7143029 AUTHORIZATION : COST LIMIT : ORDER DATE: November 7, 2022 ORDER TIME : 9:21 AM ORDER NO. : 116888-145 CUSTOMER NO: 7143029 CHANGE OF AGENT NAME: DUKE PPC 1,2,3, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

1

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: DUKE PPC 1,2	2,3, LLC 	
2	(a)	1800 Wazoo Street, Suite 500	(b)	<u> </u>
4.	(u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Denver, CO 80202		
		12/16/2010	M100	000005579
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	C T Corporation System		
J.	()	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET)	the Florida Dept.	
		Plantation, FI	33324	2022 NOV 1
	(b)			
	(O) .	Enter name of NEW Registered Agent and/or NEW Registered		一 年 一
		Corporation Service Company		AH 9: 26
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee , FI	32301	<del></del>
cha age wa:	inge int w s/we	mited liability company is not organized under the lar or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi ability compan of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
/s	/ Mi	ichael T. Blair	Michael T	. Blair, Authorized Person
S	ignati	ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to r	wisid obli nere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I have the charge in the registered office address, I have the charge of the charge.	performance o d for in Chapte hereby confirm	f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
riQl	утеа (	LIVIX EV	•	ervice Company
Sig	natur	e of Registered Agent	ımi M. Caspe	r, Asst. Vice President