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.

(((H110002677403)))



H110002677403ABC

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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 future annual report mailings. Enter only one email address please.

Email	Address	·
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LLC REGISTERED AGENT CHANGE KTR SF II LLC

Certificate of Status	0
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Page Count	03
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D. BRUCE

NOV 1 4 2011

EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KTR SF II LLC	on t he make	
	nited Liability Company	,
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitte	ed for filing.
Please return all correspondence concerning th	is matter to the following:	
Aisha Nyazie		
Name of Person		
KTR Capital Partners	•	
Firm/Company		
Five Tower Bridge, 300 Barr Harbor Dr., Ste. 150		
Address	in the second	Ži I
Conshohocken, PA 19428		LANE.
City/State and Zip Code		IAR ASS
anyazie@ktrcapital.com		VIO AM ETARY OF HASSEE, F
B-mail address: (to be used for future annual report notif	ication)	SI C
For further information concerning this matter,	please call:	ATE RIDA
	.t ()	
Name of Person	Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section	
Clifton Building 2661 Executive Center Circle	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		, 1
Enclosed is a check for the following	amount:	, ·
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certifie	d Copy

FL815 - 11/16/2019 C T System Doline

INFIS18 (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 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.

1. Name of the limited liability company	: KTR SF II LLC		
2. (a) Principal office address of limited	liability company:	Five Tower Bridge	
(Noie: MUST BE STREET AD		300 Barr Harbor Dr., Ste. 150 Conshohocken, PA 19428	
(b) Mailing address of limited liability	y company:		
(Note: MAY BE POST OFFICE	E BOX)		
12/20/2010	- !	M10000005634	
3. Date of filing/registration in Florida		. Document number	
5. (a) Registered Agent and Registered	Office shown on th	e records of the Florida I	Dept. of State:
Registered Agent:		CORPORATION SERVICE	COMPANY
Registered Office Address:	. 1	1201 HAYS STREET	
	-	TALLAHASSEE FL 32301-2	5255
	•	1 4 <u> </u>	AS S
(b) Enter name of NEW Registered	Agent and/or NEW	Registered Office addr	
NEW Registered Agent:	-	C T Corporation System	SEY O
NEW Registered Office Address:	: 12	1200 South Pine Island Road	1,4 ₹ W
<u>(MUST BE FLORIDA STREET</u>	ADDRESS)	Plantation	25FL 89824
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability co or the operating agreement of the limited	es are made, the Flo agent will be identic that the change(s) with meany or as otherw	orida street address of the cal. Or, in the case of a F was/were authorized by a	registered office forida limited in affirmative vote
Signature of a member or authorized representative of	a member		
Printed or typed name of signee			
I hereby accept the appointment as regis comply with the provisions of all statutes and I am familiar with and accept the ob Chapter 508, F.S. Or. If this document is address, I hereby confirm that the limited CT Composition System. Signature of Jegisterod Agent	stered ayent and ag relative to the prof ligations of my pass seing filed to mere d liability company	ree to act in this capacity per and complete perform tion as registered agent ely reflect a change in the has been notified in writi	i. I further agree to lance of my duties, as provided for in registered office ag of this change,

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

Ву