Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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COVER LETTER

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Name of Limi Dear Sir or Madam: The enclosed Registered Agent/Registered Office Chang Please return all correspondence concerning this matter t Jonni J. Fernandez Name of Person	ge and fee(s) are submitted for filing.
The enclosed Registered Agent/Registered Office Chang Please return all correspondence concerning this matter t Jonni J. Fernandez Name of Person	•
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Jonni J. Fernandez Name of Person	to the following:
Name of Person	
APPALO - W-1 Manager - 1 To	
AEW Capital Management, LP	
Firm/Company	
Two Seaport Lane, 15th Floor	
Address	
Boston, MA 02210	
City/State and Zip Code	
jfamandez@86w.com	
E-mail address: (to be used for future armual repor	t notification)
For further information concerning this matter, please of	व्याः
Jenni J. Fernandez 61	7 (261-9201
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahasses, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	:
C \$25 Filing Foc	☐ \$55 Filing Fee & Certified Copy
DNH818 (2/14)	

PLOIS - DESCRIPTION WORLD Khowe Order

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 affice or registered agent, or both, in the State of Florida.

ı) .	2 Sesport Lane, cro ABW Boston, MA 02210	(b)	2 Seeport	Lans, c/o AEW Boston, N	1A 02210
~ y .	Principal office address of limited liability company: (Pers. MUST RESTREET ADDRESS)	(0).		Mailing address of limited lia (Note: MAY BE POST O	
	06/29/2011 Date of filing/registration in Florids		41 100000	3297 Document number	
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	Registered Office Address			_	
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_	C T Corporation System				
b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Rusister	en Office addr	THE:	_	14
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b)	Enter name of NEW Registered Agent and/or NEW Register	क्ये Office addr	THE	-	28
b)	Enter name of NEW Registered Agent and/or NEW Register NEW Registered Office Address: 1200 South Pine Island Road		LET:	-	28 AH
	Refer name of NEW Registered Agent and/or NEW Register NEW Registered Office Address: 1200 South Pinc Island Road Plantation	FL 33324		- -	28 AH 9 28
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INHS18 (2/14)

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