(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800274718718

07/09/15--01018--003 \*\*25.00

JUL 1 0 2015

Y SULKER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 30, 2015

Order#: 682544-143

Re: KTR MIAMI 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: Lindsey Lockard

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

\* Attached the right check, phase proceed. \* 7/7/15

## 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 office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: KTR MIAMI II LL	.C	<u> </u>				
2. (a	a)	Five Tower Bridge	(h	)	,			
2. (a)	-, .	Principal office address of limited liability company:	_ (°		Mailing address of limi	ited liabilit	y compa	my:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PC	OST OFFI	CE BOX	9
		300 Barr Harbor Drive, Suite 150	_					
		Conshohocken, PA 19428	_					
		07/14/2011		M110000	03548			
3.		Date of filing/registration in Florida	4.		Document number	r		
5. (	a)	C T Corporation System						
۶. (	Ψ,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- e:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	5)	-			
				•				
					•			
		Plantation , FL_	33324	<b>,</b>	_	72.	20	
							2015	F24771 Sec.
(	(b) Corporation Service Company				_	盖訊	JU.	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	<u>dress</u> :		新型	9	a former a
						777		[]
		1201 Hays Street			_	71		grands.
		NEW Registered Office Address:				당기 (, ) ( 원급) (=1) 그의 구매	<b>A</b>	** . **
	4				_		မ္	
		Tallahassee , FL	32301					
								_
If th	e li Sha	mited liability company is not organized under the law nge or changes are made, the Florida street address of t	s of the	State of Florestered office	orida, it is hereby (	confirme office of	d that a	after gistered
ager	it v	vill be identical. Or, in the case of a Florida limited lia	bility co	ompany, it i	s hereby confirme	d that the	e chang	ge(s)
		ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l				therwise	provid	led in
		thael T. Blair		-	•			
		ture of a member or authorized representative of a member	MIC	naei I. Biai	r, Authorized Perso Printed or typed nam		e.	
•		•	a to ac	t in this can	••	•		uith tha
prov	rei	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act	ance of my	duties, and I am fo	ree to co imiliar w	inipiy w vith and	d accepi
the o	obl ere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I h	l for in ( ereby c	Chapter 60: onfirm that	), F.S. Or, if this a the limited liabilit	locumen y compa	t is beii ny has	ng jilea been
noti	fiec	in writing of this change.	•	·	•		*	
C:-	×	your august	D37. 0	uluia O	mat Aast Miss D	ا		
Sign	atu	te of Registered Agent Corporation Service Company	RA: 2	yıvıa Quep	pet, Asst. Vice P	residen	Į.	

## 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 office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: KTR MIAMI II	LLC					
2.	(a)	Five Tower Bridge	(h	)				
	(-)	Principal office address of limited liability company:	(	M	Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OF	FICE BO	<u>)X</u> )	
		300 Barr Harbor Drive, Suite 150						
		Conshohocken, PA 19428						
		07/14/2011		M1100000	)3548			
3.		Date of filing/registration in Florida	4.	]	Document number			
5.	(a)	C T Corporation System						
٦.	(a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:	:			
		1200 South Pine Island Road		•				
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7)				
		India De Legislation (India)	71DDKL55	Ľ				
		-						
		Plantation , F	L <u>33324</u>	·				
					· ·	2		
	(b)	Corporation Service Company			<u>,                                    </u>	2015		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad-	<u>lress</u> :	<u> </u>		77	
					35	1	Evilope and	
		1201 Hays Street			(1) · · · (1) · · · · · · · · · · · · · · · · · · ·	φ.	Î ~	
		NEW Registered Office Address:				A	(Tri)	
						Æ	. w. W	
						34		
		Tallahassee , F	L <u>32301</u>					
the ag wa the	e cha ent v as/we e arti	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist iability co of the lim	stered office ompany, it is ited liability	and the business office hereby confirmed that company or as otherwi	of the re	egistered ige(s)	
		hael T. Blair	Micl	nael T. Blair,	, Authorized Person			
;	Signat	ure of a member or authorized representative of a member			Printed or typed name of sig	inee		
pr the to	ovisi e obl merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act e perform ed for in ( hereby co	in this capa ance of my d Thapter 605, onfirm that th	city. I further agree to luties, and I am familian F.S. Or, if this docume he limited liability com	comply r with an ent is be pany has	with the ad accept ing filed s been	
Si	gnatu	te (Pregistered Agent Corporation Service Company	BY: S	ylvia Quepp	oct, Asst. Vice Preside	ent		

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