M110000000064

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #	<u> </u>		
(Cit	ty/Otate/Zip/Filone #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)	<u> </u>		
`	,			
OCI)	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer			
Special measure to 1 ming emech.				





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15 JUL -2 AM 10: 21
SECRETARY OF STATE
SECRETARY OF STATE
OF LORIO



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#: 682544-061

Re: KTR FL LOAN 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

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. N	ame of the limited liability company: KTR FL LOA	N LLC		
2. (a)	Five Tower Bridge	(b)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	300 Barr Harbor Drive, Suite 150			
	Conshohocken, PA 19428			
	12/09/2011	M	11000006164	
3.	Date of filing/registration in Florida	4.	Document number	
E (a)	C T Corporation System			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Den	t. of State:	
	1200 South Pine Island Road Age 5			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		••	1 A A A A S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Plantation . F	FL 33324	<i>(1)</i>	
	rianauon , ,	·L <u>33324</u>	me z	
(b)	Corporation Service Company		AMIO: 2	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address		
			Di	
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee	FL 32301		
	, 1	L 32301		
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa s of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
/s/ M	ichael T. Blair	Michael	T. Blair, Authorized Person	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to me	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	te performance	e of my duties, and I am familiar with and accept	
Signat	are of Registered Agent Corporation Service Company	BY: Sylvi	a Queppet, Asst. Vice President	

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