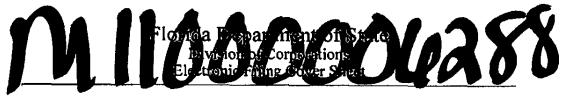
Division of Corporations

Page 1 of 1



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.

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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

2011 AUG -9 AH 10: 56

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

isma 1 I	Address	1			

LLC REGISTERED AGENT CHANGE IIT MIAMI DC LLC

 Certificate of Status
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 Estimated Charge
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D. BRUCE

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Corporate Filing Menu

Help

CO	OVER LETTER						
TO: Registration Section Division of Corporations							
SUBJECT: IIT MIAMI DC LLC							
Name of Li	imited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning the	his matter to the following:						
Name of Person							
same of F. Alshir							
Firm/Company	ACC						
	A A						
	ASS:						
Address	111						
	AH 10: 5. OF STATE OF ELORIO						
City/State and Zip Code	——————————————————————————————————————						
	38.17.04						
E-mail address: (to be used for future manual report no	diffication)						
For further information concerning this matter	r, picase call:						
	at () Area Code & Daytime Telephone Number						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle	Tallahassee, Florida 32314						
Tallahassee, Florida 32301	•						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (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 liability company submits the following statement in or agent, or both, in the State of Florida,	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: IIT MIAMI DO	LLC
 (a) Principal office address of limited liability compations: MUST BE STREET ADDRESS 	dy: 518 17TH ST, STE. 1700 DENVER, CO 80202
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
12/16/2011	M11000006288
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET
	TALLAHASSEB, FL 32301-2525
	3-51 6
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address
NEW Registered Agent:	C T Corporation System (17)
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation PC 83324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Nichol McCroy	<u> </u>
Printed or typed name of signec I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the tand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability company. By: ET (proles of Registered Western Assistant Secretary) Signature of Registered Western Assistant Secretary.	9(1
Division of Corporations, P.O. Box	•
FILING FEE:	

INHS18 (05/08)