## M1200001581

(Requestor's Name)								
(Address)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(,								
(Document Number)								
Certified Copies Certificates of Status								
Consideration to Filip Officer								
Special Instructions to Filing Officer:								

Office Use Only



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	ACCOUNT NO. : I2000000195									
	REFERENCE : 484769 4312639									
	AUTHORIZATION :									
	COST LIMIT : \$ 25.00									
	ORDER DATE : January 30, 2015									
	ORDER TIME : 9:34 AM									
	ORDER NO. : 484769-055									
	CUSTOMER NO: 4312639									
<u>CHANGE OF AGENT</u>										
	NAME: SIR MIAMI LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
	CERTIFIED COPY  XX PLAIN STAMPED COPY									
	CONTACT PERSON: Courtney Williams									
	EXAMINER'S INITIALS:									

## 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: SIR Miami LLC						
2. (a)	Two Newton Place, 255 Washington St., Suite 300	_ (b	) Two Newt	on Place, 255 Wash	ington St	., Suite	300
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,	M	lailing address of limited (Nate: MAY BE POS)			
	Newton, MA 02458	_	Newton M	A, 02458	<u>,</u>	·	
3.	03/20/2012  Date of filing/registration in Florida	 - 4.	M1200000	1581 Document number			
c ()	C.T.Composition System						
5. (a)	C T Corporation System  Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:	:	SECR TALLA	15 FE	entripe 1
	Registered Office Address (MUST BE FLORIDA STREET A	2		프리	co I	Cretter	
	1200 South Pine Island Road			388	Ġ	(7****** 11	
	Plantation, FL_	33324			OF S	7	l l
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office *de	dress:		ATF. )RIDA	911:11	
	1201 Hays Street		,				
	NEW Registered Office Address:						
	Tallahassee , FL	32301					
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of arganization on the operating agreement of the	the regis bility co f the lim	stered office empany, it is ited liability	and the business of hereby confirmed the company or as other	fice of the hat the ch	regist ange(s	ered
	Muid	Joh	n C. Popeo,	Authorized Represe	entative		
I herei provisi the obl to mere	the of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in ( lereby co	in this capa ance of my a Chapter 605, onfirm that t	Printed or typed name of city. I further agree luties, and I am family F.S. Or, if this documented liability of the control of	e to comp	ly with and ac being j nas bee	the ecept filed en
$\gamma$	re of Registered Agent Corporation Service Company	BY:		L. Abbott nt Vice President			