M12-60006507

(Red	uestor's Name)	
(Add	Iress)	
(Add	iress)	
(City	//State/Zip/Phone	; #)
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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2014 MAR 17 PH 3: 42 SECRETARY OF COMMON

MAR 19 2014 T CLINE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: March 13, 2014

Order#: 029082-011

Re: 211 TAMPA LESSEE, 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: Morgan Kennedy

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

2014 MAR 17 PM 3: 42
SECRETARY OF STATE
TAX FACE FOR THE PROPERTY.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: 211 TAMP	A LESSEE, LLC		
2. (a) Principal office address of limited liability cor (<i>Note: MUST BE STREET ADDRESS</i>)	mpany: 11770 N US HIGHWAY 1,	, SUITE 202	
(Note: MUST DE STREET ADDRESS)	NORTH PALM BEACH	FL 33408	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
11/21/2012	M12000006507		
3. Date of filing/registration in Florida	4. Document number .	2014 555	
5. (a) Registered Agent and Registered Office show		Depts of State:	
Registered Agent:	NATIONAL CORPORATE		
Registered Office Address:	155 OFFICE PLAZA DRIV	/ECO - TO	
	TALLAHASSEE	□	
(b) Enter name of NEW Registered Agent and/o	r <u>NEW Registered Office add</u>	≥,,, oo	
NEW Registered Agent:	Corporation Service Comp	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS	Tallahassee	,FL_32301	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charthe members of the limited liability company or as of the operating agreement of the limited liability company. Signature of a number or authorized representative of a member	the Florida street address of the identical. Or, in the case of a Inge(s) was/were authorized by a herwise provided in the articles	e registered office Florida limited an affirmative vote of	
DONA PRIEBE Authorized Person			
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of t Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacit he proper and complete perfori my position as registered agent to merely reflect a change in th mpany has been notified in writ	y. I further agree to mance of my duties, as provided for in te registered office ing of this chängc.	
By: Signature of Registered Agent Corporation Service Compa			

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