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(Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL C			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECRETARY OF STATE OF STATE

C. Lewis 14



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: November 12, 2014

Order#: 366095-186

Re: BROADSTONE WI EAST, 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

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.

2. (a)	530 CLINTON SQUARE		(b)	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ROCHESTER	N\ 14604				
	12/31/2012		<u>M</u>	13000000001		
i.	Date of filing/regist	ration in Florida	4.	Document number	er	
i. (a)	PARACORP INCORPOR	ATED				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			t. of State:		
	236 EAST 6TH AVENUE					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					<u> </u>	
					SE VIS	
	TALLAHASSEE	, F	L <u>32303</u>	 	2 5	
	Corporation Service Comp	anv			SECRETARY OF STATE VISION OF CORPORATION	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		 ;;	3 ∯ ₩ €		
					JRAS	
	1201 Hays Street				46 1100 11100	
	NEW Registered Office Address:				70	
	Tallahassee	, F	L 32301			
				. Om 11 21 1	6 10 0	
he cha agent v was/w	imited liability company is n ange or changes are made, the will be identical. Or, in the c ere authorized by an affirmat icles of organization or the o	e Florida street address of ase of a Florida limited l ive vote of the members	of the registere liability comp of the limited	ed office and the business any, it is hereby confirme liability company or as o	office of the registered that the change(s)	
	026			riebe, Authorized Person		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President