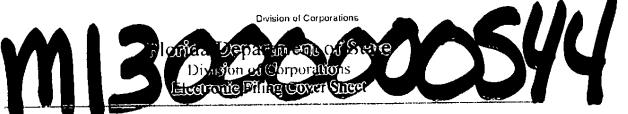
11/1/2019



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Division of Corporations

Fax Number : (852)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number

: (954)208-0845

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

		3
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UD LLC REGISTERED AGENT CHANGE GRAINCOMM II, LLC

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Bigg 6 Void

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

submit. Floride		(мистей бун	atutes, the undersigned limited liability company ce or registered agent, or both, in the State of
1. Na	ame of the limited liability company: GRAINCOMM II	I, LLC	
2. (a)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	116 Fluntington Avenue, Boston, MA 02116		6 Huntington Avenue, Boston, MA 02116
			200000544
	01/25/2013		300000544
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State.
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE	32301	ARA NOV
(b)	C T Corporation System		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	5 TO 10 TO 1
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation Fig. 17	L	
sign the or sign the or sign the or to me notifit by:	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members nicles of organization or the operating agreement of the mature of member or authorized representative of a member relative to the proper and complete bligations of my position as registered agent as provided in writing of this change. C T Corporation System C T Corporation System Aesistanted agent Agent	in the registe liability com of the limited liability stephe	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. In Greene Printed or typed name of signee I this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605. F.S. Or, if this document is being filed firm that the limited liability company has been