M17000001766

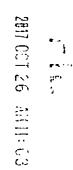
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





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10/26/17--01027--022 **25.00



U. HARRIS

COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	STAG Ocala, LLC	_							
	Name	of Limited Lia	bility Company						
Dear S	Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please	return all correspondence concerning this	s matter to the fo	ollowing:						
Jeff	Speredelozzi								
	Name of Person		_						
Prec	ision Corporate Services								
•	Firm/Company		_						
44 S	chool St., Suite 44		_						
	Address								
Bost	on, MA 02108		_						
	City/State and Zip Code								
•	@precisioncorp.com		_						
-	E-mail address: (to be used for future annu	ual report notifi	cation)						
For fi	For further information concerning this matter, please call:								
Jeff	Speredelozzi	617 at (
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301	Reg Div P.C	gistration Section rision of Corporations D. Box 6327 Rahassee, Florida 32314						
	Enclosed is a check for the following	amount:							
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy						

INHS18 (2/14)

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

	me of the limited liability company: STAG Ocala,	LLC			\	0000	
. (a)	ONE FEDERAL STREET, 23RD FLOOR	_ (0)	EDERAL STF			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)				
	BOSTON, MA 02110	_	BOSTO	N, MA 02110)		_
		_					
	3/20/2013		M130000	001766			
	Date of filing/registration in Florida	4.		Document nur	nber		
(a)	C T CORPORATION SYSTEM						
(4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRES	<u>'S)</u>				
	1200 SOUTH PINE ISLAND ROAD			_	24. [7	20	
	PLANTATION	3332	4	_)O 11	سبه د
				_			53 1. 4
(b)	Registered Agent Solutions, Inc.			_		0,	i
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		٠	72.	•
	NEW Registered Office Address:			_		C3	
	155 Office Plaza Dr., Suite A						
	Teo Office Fidea Bri, Carlo A			_			
	Tallahassee , FL	3230)1				
ne cha gent v vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regability of the li	gistered offic company, it mited liabili	te and the busing is hereby confir ty company or a	ess offi med th	ice of that the c	he registere hange(s)
	Manch Same		Alan	H. Simmons			
Signa	ture of a member or authorized representative of a member	_		Printed or typed	name of	signee	
provisi he obl o mere	by accept the appointment as registered agent and age ons of all statules relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to a perfor d for in hereby	mance of my Chapter 60 confirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited liab	agree n famil is docu oility co	to com liar witi iment is ompany	ply with the hand acce s being file has been

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

Signature of Registered Agent