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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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## LLC REGISTERED AGENT CHANGE GRAINCOMM V, LLC

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## 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.

Nar	ne of the limited liability company:	LLC			
			(b)	failing address of limited liability company:	
\	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 Huntington Avenue, Boston, MA 02116	_	116 Huntin	ngton Avenue, Boston, MA 02116	
	05/29/2013	<del>-</del>	м13000003		
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATION SERVICE COMPANY		·-··		
. ()	Registered Agent and Registered Office shown on the records of				
	Registered Office Address (MUST BE FLORIDA STREET)	E 1			
	1201 HAYS STREET				
	TALLAHASSEE, , FL	32301		1 - 1 P	
(b)	C T Corporation System	63 F3			
• •	Enter name of NEW Registered Agent and/or NEW Registered				
	NEW Registered Office Address:			_	
	1200 South Pine Island Road	-			
	Plantation Fi	33324	·	_	
ne chi gent ' vas/w he art	limited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability of the e limite	company, it limited liabili d liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
l here provis he ob	sture of a member or authorized representative of a member show accept the appointment as registered agent and as it is a fall statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provided in writing of this change.  CT Corporation System  CT Corporation System  Acciste	ed for hereb	in Chapter 60 y confirm tha	e e e e e e e e e e e e e e e e e e e	