Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE PRIM BAC COLONNADE, LLC

Certificate of Status	0
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Corporate Filing Menu

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10/2/2015 10:52:40 AM From: To: 8506176383(2/3)

COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	PRIM BAC Colonnade, LLC				
	Name of L	imited Lia	bility Company		
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Office Cl	ange and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning this mat	ter to the f	ollowing:		
	•				
Jenni Fernanc	dez				
	Name of Person				
AEW Capital	Management, LP				
	Firm/Company		_		
Two Seaport	Lane, 15th Floor				
	Address	,			
Boston, MA (02210				
	City/State and Zip Code		.		
Jenni.Fernand	loz@aew.com				
E-mail	address: (to be used for future annual re	port notific	ation)		
For further in	oformation concerning this matter, please	call:			
Jenni Fernand	ez at (617	261-9201		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	MA	ILING ADDRESS:		
		stration Section			
Divis	ivision of Corporations Division of Corporations				
	on Building		Box 6327		
	Executive Center Circle hassee, Florida 32301	ahassee, Florida 32314			
Encl	osed is a check for the following amou	nt:			
· 🗀 \$2	5 Filing Fee	□ \$55	Filing Fee & Certified Copy		
NHS18 (2/14))				

10/2/2015 10:52:40 AM From: To: 8506176383(3/3)

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.

1.	Na	me of the limited liability company:	Colonnade	, L	LC		
2. (a)	2 Seaport Lane, 15th Floor, Boston, MA 02210		n	b)_	2 Seapo	ort Lane, 15th Floor, Boston, MA 02210
`		Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)	y:	Ţ.			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		06/24/2013 Date of filing/registration in Florida	4.		<u>м</u>	1300000	4019 Document number
5.	(a)	CORPORATION SERVICE COMPANY					
٥.	(a)	Registered Agent and Registered Office shown on the recor	ds of the Flo	orida	a D	ept, of Sta	ite:
(b)		Registered Office Address [MUST BE FLORIDA STREET AT 1201 HAYS STREET TALLAHASSEE FL				3	2015 OCT -2 SECRETARY ALLAHASSE
	L۱	C T Corporation System					
(υ,	Enter name of NEW Registered Agent and/or NEW Regis	tered Office	e ad	ldre	<u> </u>	A 8: 3b. FLORIDA
		NEW Registered Office Address:					- 2
		1200 South Pine Island Road					<u>.</u>
		Plantation	, FL_3332	4			_
the d ager was/	than twe we	mited liability company is not organized under the nge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membeles of organization or the operating agreement of	ss of the re ed liability ers of the f the limite	egi: y co lim ed l	ster omp nite liab	red offic pany, it d liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sig	nati	are of a member of a thorized representative of a member					Printed or typed name of signee
ine c 10 m	ere,	y accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as pro ly reflect a change in the registered office addres in writing of this change	viaea tor i	ın c	_///	wier ou	5. F.S. Or. it this aocument is being tilea
By:		in writing of this change. poration System Connie	Brunn				
Sign	etun	Assistant S					ssee, FL 32314

INTIS18 (2/14)