MB00004510

| (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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Office Use Only



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SECRETARY OF STATE

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LAMPT.



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 30, 2015

Order#: 682544-149

Re: KTR NBROW 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: Lindsey Lockard 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.

| 1. | Na | me of the limited liability company: KTR NBROW | LLC | | | | | |
|--|--------------------------------|--|--------------|-------------------------------------|---------------------------|--|------------|--|
| 2 | (a) | Five Tower Bridge | Œ | o) | | | | |
| _, | (=) | Principal office address of limited liability company: | (- | | Mailing address of limite | | | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POS | T OFFICE BO. | <u>X</u>) | |
| | | 300 Barr Harbor Drive, Suite 150 | | | | | | |
| | | Conshohocken, PA 19428 | | | | | | |
| | | CONSTITUTION TO THE CONSTITUTION OF THE CONSTI | | = | | | | |
| | | 07/18/2013 | | M1300000 | 04510 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | C T Corporation System | | | | | | |
| | | Registered Agent and Registered Office shown on the records of | the Florida | a Dept. of State | : | SEC SEC | artis" | |
| | | 1200 South Pine Island Road | | | | · AR E | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | FASC FASC FASC FASC FASC FASC FASC FASC | E-second | |
| | | | | | | | 77 | |
| | | Diantation | 2000 | 4 | | M S | O | |
| | | Plantation , FI | <u>33324</u> | 1 | | AM 10: 34 OF STATE EE. FLORID | | |
| | (b) | Corporation Service Company | | | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | | | |
| | | | | | | | | |
| | | 1201 Hays Street | | | | | | |
| | NEW Registered Office Address: | | | | | | | |
| | | | | | | | | |
| | | | •••• | | | | | |
| | | Tallahassee F1 | | 1 | | | | |
| | | , FI | | <u></u> | • | | | |
| If | the l | imited liability company is not organized under the la | ws of the | State of Flo | orida, it is hereby co | onfirmed that | after | |
| th | e cha | nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li | f the regi | stered office | and the business o | ffice of the re | egistered | |
| W | eni v is/w | ere authorized by an affirmative vote of the members | of the lin | nited liability | y company or as oth | nerwise provi | ded in | |
| th | e arti | cles of organization or the operating agreement of the | e limited | liability com | ipany. | • | | |
| /s/ Michael T. Blair | | | Mic | Michael T. Blair, Authorized Person | | | | |
| | of signee . | | | | | | | |
| I | here | by accept the appointment as registered agent and ag | ree to ac | t in this cape | acity. I further agree | ee 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 | | | | | | | | |
| 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. | | | | | | | | |
| ,,, | , | l. Que se | | | | | | |
| S | grafii | re pRegistered Agent Corporation Service Company | BY: S | Sylvia Quen | pet, Asst. Vice Pro | esident | | |
| | | o telestines and the company | | 1 | • * | | | |