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



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JUN 15 2020

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2020

Order#: 316254-049

Re: BRE/BATON OPERATING LESSEE LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

| l. Na | time of the limited liability company: BRE/BATON C | PERATING | LESSEE LLC | |
|-------------------------------|---|--|--|--|
| 2. (a) | 233 S. Wacker Drive, Suite 4700 | (b) | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Chicago, IL 60606 | | | |
| | 07/30/2013 | M1: | 3000004867 | |
| 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 Dept. of State: 1200 South Pine Island Road | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation ,FL 33324 Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | Plantation , FL | 33324 | | |
| | | | | |
| | Corporation Service Company NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | |
| | Tallahassee, FI | 32301 | | |
| change agent v was/we | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of less of organization or the operating agreement of the | registered of ability compa of the limited | ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in | |
| | Xee & agree | Jill Cilm | i, Authorized Person | |
| Signa | pere of a member or authorized representative of a member | | Printed or typed name of signee | |
| provisi the obl to mere | by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did not in writing of this change. | ree to act in t performance d for in Chap hereby confir | his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been | |
| Signatu | re of Registered Agent | Corporation | Service Company | |
| | I. Casper, Asst. Vice President Division of Corporations P.O. | Box 6327 • 1 | allahassee, FL 32314 | |

FILING FEE: \$25.00

INHS18 (2/14)