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From:

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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE ACC OP (PLAZA) LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursut submit Florid	mt to the provisions of sections 605.0 is the following statement in order t a.	0114 or 605.0116, It is change its registrated in the change in the ch	tered i	office or res	e undersigned i zistered agent,	limited lid or both,	bility o	State of
1. Na	me of the Limited Liability Company:	ACC OP (PLA	کم) <u>د</u>	LC				
2 (a)	12700 HILL COUNTRY BLVD	), STE T-200	<sub>(</sub>	12700 H	ILL COUNTE	RY BLV	D, ST	E T-200
<u> </u>	Principal office eddress of limited liability company: (¡Vote: MUST BE STREET ADDRESS)		Mniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	AUSTIN, TX 78738			AUSTIN,	, TX 78738			
	8/7/2013			M13000	004938			
3.	Date of filing/registration in	Florida	4,		Document num	ber		
5. (a)	CT CORPORATION SYSTE	М						
J. (-)	Registered Agent and Registered Office show		Florida	Dept. of State:	:			
	1200 SOUHT PINE ISLAND	ROAD				<del></del>	rs.	
	Registered Office Address MUST BE F	LORIDA STREET AD	DRESS	2		1 .	2019 H.	70
	PLANTATION	, FL	3332	4		AHASSE	MAR 19	FILE
<b>(</b> b)	Capitol Corporate Services, I					(1) T (1) (1) (1) (1)		$\overline{\Box}$
	Entername of NEW Resistered Asset and	or NEW Registered Of	Mee ad	ires:			Ġ.	
	515 East Park Avenue 2nd F	1				ORIGA	27	
	NEW Registered Office Address:							
	Tallahassee	,FL	3230	1				
the cha agent was/w	imited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	street address of the Florida limited liab of the members of t	e regis ility co the lim	stored office empany, it is ited liability	and the busines hereby confirm company or as	ss office o	of the m	egistered ge(s)
	Stude-			Stev	e Beinke, Vi	ce Pres	ident	
-	ture of a number or authorized representative hy accept the appointment as register lons of all stabiles relative to the pro- ligations of my position as registered ely reflect a change in the registered d in writing of this change.		to act rform for in C reby c	in this capa gree of my a hapter 605, onfirm that t	Printed or typed no wity. I further a buties, and I am F.S. Or, if this he limited liabil	_		with the ed accept ing filed Been
-24	Delann Case up of Registered Agent	Delanie	Case	, Assistan	t Secretary o	on .		
Signati	ne of Kedistein Went	behalf of	Cap	itol Corpoi	rate Services	s, Inc.		
	Division of Corp	orations P.O. Bo FILING FEI			see, FL 32314			

INHS18 (2/14)