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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	STAG Orlando 2, LLC					
		Name of Limited Liability Company				
Dear S	iir or Madam:					
The er	nclosed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the fo	llowing:			
Jeff	Speredelozzi					
	Name of Person		-			
Prec	ision Corporate Services					
	Firm/Company		-			
44 S	chool St., Suite 44		_			
	Address					
Bost	on, MA 02108		_			
	City/State and Zip Code					
stag	@precisioncorp.com					
	E-mail address: (to be used for future annu	ual report notific	ation)			
For fu	rther information concerning this matter.	please call:				
Jeff :	Speredelozzi	617 at (227-2276			
_	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

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: STAG Orlan	do 2, L	LC	<u> </u>			
2.		ONE FEDERAL STREET, 23RD FLOOR		(b)	ONE FEI	DERAL STRE	ET, 23RD FLOOR	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	М	-	nited liability company: POST OFFICE BOX)	
		BOSTON, MA 02110	_		BOSTON	I, MA 02110		
						-		
		10/7/2013		N	И1300000	06331		
3.		Date of filing/registration in Florida	4.		I	Document numb	er	
5.	(a)	C T CORPORATION SYSTEM						
	(-)	Registered Agent and Registered Office shown on the records o	f the Flor	ida (Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)			SEC TALL	
		1200 SOUTH PINE ISLAND ROAD						
		PLANTATION E	, 3332	4			LE 26 And di Assert	
	(b)	b) Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		red Office address:		AM 3: 00		
		NEW Registered Office Address:						
		155 Office Plaza Dr., Suite A						
		Tallahassee, F	3230	01				
the age wa the	cha ent v s/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members class of organization or the operating agreement of the ture of a member or authorized representative of a member	of the re liability of the l	gist cor imit	ered office inpany, it is ted liability ability comp Alan H	and the business hereby confirme company or as	s office of the registered ed that the change(s) otherwise provided in	
I h pro the to i	iere ovisi obl meri ified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.	e perfor led for it I hereby	ma. 1 Ci coi	in this capa nce of my d hapter 605, nfirm that to	city Lfurther a	oree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00