Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000032830 3)))



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Account Name

: CAPITOL CORPORATE SERVICES,

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

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LLC REGISTERED AGENT CHANGE CREFIII WARAMAUG BUSCH GARDENS LESSEE LLC

Certificate of Status	0		
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Corporate Filing Menu

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2/3/2017

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

Pur.	suant to the provisions of sections 605.0 mits the following statement in order t vida.	0114 or 605.0116, F to change its regist	Torida Statutes, th tered office or re	e undersigned limite gistered agent, or b	ed liability company oth, in the State of		
	Name of the Limited Liability Company:	CREFIII WARAMAUG BUSCH GARDENS LESSEE LLC					
2. (a) 2500 N MILITARY TRAIL, SU	TE 275 (b) 2500 N MILITARY TRAIL, SUITE 275					
(Principal office address of limited li (Note: MUST BE STREET)	ability company;	ompany: Mailing address of limited liability company:				
	BOCA RATON FL, 33431		BOCA R	ATON FL, 3343	1		
	2/14/2014		M14000	001095			
3.	Date of filing/registration in	Florida	4.	Document number			
5. ((a) CT CORPORATION SYSTEI Registered Agent and Registered Office show		Florida Dept. of State:				
	1200 SOUTH PINE ISLAND	ROAD			12		
	Registered Office Address (MUST BE F	LORIDA STREET AD	DRESS)		2017FEB		
	PLANTATION	, FL_3	3324		SZ L		
a	b) Capitol Corporate Services, li	nc.			Fig 3		
•	Enter name of NEW Registered Agent and		lee address:		SEE FILE		
	155 Office Plaza Dr Ste A				第5		
	NEW Registered Office Address:				-		
	Tallahassee	, FL_3	2301				
the d agen was	e limited liability company is not organi shange or changes are made, the Florida at will be identical. Or, in the case of a l were authorized by an affirmative vote articles of organization or the operating a	street address of the Florida limited liabi of the members of tl	registered office lity company, it is se limited liability	and the business off hereby confirmed the company or as other	ice of the registered at the change(s)		
	mythe		Craig	NVSSBOUM			
I he prov ine c	mnime of a member or authorized representative reby accept the appointment as register issions of all statutes relative to the propobligations of my position as registered every reflect a change in the registered in a registered of the registered	ed agent and agree er and complete pe agent as provided fo office address, I her	to act in this capa formance of my d or in Chapter 605, eby confirm that it when Assistant				
Sign	ature of Registered Agent	behalf of	Capitol Corpor	ate Services, Inc	3.		
	Division of Corpo	orations• P.O. Box FILING FEE		ec, FL 32314			

INHS18 (2/14)