(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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FEB 12 2020 S. YOUNG



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: January 10, 2020

Order#: 127213-182

Re: IPT MEDLEY DC 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.

1.	Na	me of the limited liability company: IPT MEDLEY DO	LLC			
2	(a)	518 17th Street, Suite 1700	(h)			
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	N	ing address of limited liability company: Note: MAY BE POST OFFICE BOX	
		Denver, CO 80202	- -			
		04/30/2014		M1400000	2958	
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	he Florida	Dept. of State		
		1200 South Pine Island Road			920	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 JAN IL AR SESSION OF CORPOR TALLAHASSEE, FL		
		Plantation . FL	33324		SKOSK I	
	(b)	Corporation Service Company			7: 15 PLOPING	
		Enter name of NEW Registered Agent and/or NEW Registered (Office add	lress:		
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee, FL_	32301			
the ag wa	e cha ent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia see authorized by an affirmative vote of the members of these of organization or the operating agreement of the law & Chukk	the regis bility co f the lim limited l	tered office mpany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_	Signa	ture of a member or authorized representative of a member		Anni, Addio	Printed or typed name of signee	
pr the to no	ovisi e obl mere stified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered affice address, I have in writing of this change. The of Registered Agent Corporation Scrvice Company	performo I for in (nereby co	ance of my a Thapter 605 Onfirm that i	ncity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been oer, Asst. Vice President	

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