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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 30, 2015

Order#: 682544-147

Re: KTR NBROW I LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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. N	ame of the limited liability company: KTR NBRO	OWILLC		
2. (a)	Five Tower Bridge	(b))	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	in.	_	of limited liability company: BE POST OFFICE BOX
	300 Barr Harbor Drive, Suite 150			
	Conshohocken, PA 19428	<u> </u>		
	07/10/2014		M14000004890	<u></u>
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)	C T Corporation System			
` `	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State:	
	1200 South Pine Island Road			DS 法
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	!	ECKETA
	Plantation	, FL <u>33324</u>		-2 M IO: 30 -2 M IO: 30 ANY OF STATE ASSEE, FLORIO
(b)	Corporation Service Company			D 10: 30
(-)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office add	ress:	30 TE RIDA
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee	, FL <u>32301</u>		
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	ss of the registed liability contents of the limiters.	tered office and the busing mpany, it is hereby confi ted liability company or	ness office of the registered rmed that the change(s)
/s/ Mi	chael T. Blair	Mich	ael T. Blair, Authorized F	Person
Signa	ture of a member or authorized representative of a member			d name of signee
provisi the obi to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office addres. d in writing of this change.	l agree to act vlete performa vided for in C s, I hereby co	in this capacity. I furthe ince of my duties, and I a hapter 605, F.S. Or, if t nfirm that the limited lia	er agree to comply with the am familiar with and accept his document is being filed bility company has been

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

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President