11/27/23, 10:13 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000404462 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (614)280-3338 Fax Number : (614)280-3338

annual report mailings. Enter only one email address please.**

nter the email address for this business entity to be used for future

Email Address:

LLC REGISTERED AGENT CHANGE **BEL DEERWOOD II LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55,00

Electronic Filing Menu Corporate Filing Menu

Help

K. Brumbley

DocuSign Envelope ID: EF503B5F-B3FB-49BE-AE92-9A638F1B1574

To:

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.

(a)	TWO INTERNATIONAL PLACE	TONAL PLACE (b) TWO IN			TERNATIONAL PLACE			
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)			7	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BOSTON, MA 02110			BOSTON, MA 02110				
	(17/30/2014			 M14000005	380			
	Date of filing/registration in Florida	4.	-		Document nu	mber		
(a)	CORPORATION SERVICE COMPANY							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				· :			
	1201 HAYS STREET							
	Registered Office Address (MUST BE FLORIDA STREE	".ADDRE	(SS)					
					-	٠ ٠ .	2012	
	TALLAHASSEE	L 32301	-25	25		• • .	38	2
(b)	C T Corporation System			•	; -	72 AON 5202		
	Enter name of NEW Registered Agent and/or NEW Register	d Office	add	ress:	•		P	
							. <i>i</i> :	
	NEW Registered Office Address:						: <u>ज</u>	i
	1200 South Pine Island Road							
	Plantation	1, <u>3332</u> 4						
char ent w s/we artid	mited liability company is not organized under the large or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members the properties of the members of the properting agreement of the street of the members.	aws of t of the re liability of the l	he l gist cor imi	tered office npany, it is ted liability	and the busit hereby confi company or	iess offic mied tha	e of the t the ch	e registered ange(s)
1 1/	Michael Hoter	M	lich	ael Askew. A	Assistant Secre	tary		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Conporation System
Sean Lemerick, assistant secretary

Signature of Registered Agent