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(F	Requestor's Name)					
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PICK-UP	WAIT	MAIL				
(6	Business Entity Name)					
	Document Number)					
Certified Copies Certificates of Status						
Special Instructions to F	iling Officer:					
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Office Use Only



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TALERMOUSE, FLORIDA

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	ame of the limited liability company: SPIRIT FL TOW	'N STA	۱R	2014-2, LL	.C	
	(a)	11995 El Camino Real		(b) 11995 El Camino Real			
۷.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		San Diego, CA 92130	_	,	San Diego	o, CA 92130	
		09/19/2014		٨	114000006	3770	
3.	(a)	Date of filing/registration in Florida C T Corporation System	4.			Document number	
	(4)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	e Florid	da E	ept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2024 SF TAI			
		Plantation ,FL_	33324			FOLLOWS A	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice as	<u>.</u> ddr	<u>ess</u> :		
		NEW Registered Office Address:				W.	
		1201 Hays Street					
		Tallahassee, FL_	32301		·· <u></u>		
cha age was	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the line /s/ Jill Cilmi	egister ility co the lin mited l	ed om nite lial	office and pany, it is ed liability pility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
S	ignati	ire of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n	visic obli _i nere	y accept the appointment as registered agent and agree ms of all statutes relative to the proper and complete per yations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	erjorm for in C reby co	and Cho onf	ce of my at apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been a Company	
Sig	natur	of Registered Agent Arr	ni M. (Са	sper, As	st. Vice President	