

M140000007201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

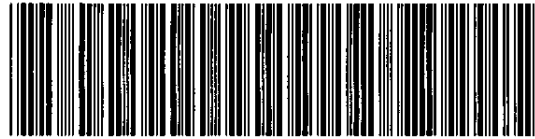
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

CRM

10/23/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 346660 8018103

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2014

ORDER TIME : 1:50 PM

ORDER NO. : 346660-020

CUSTOMER NO: 8018103

CHANGE OF AGENT

NAME: BANYAN STREET/GAP RESOURCE
SQUARE ONE OWNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

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STATE OF FLORIDA
TALLAHASSEE

**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. Name of the limited liability company: BANYAN STREET/GAP RESOURCE SQUARE ONE OWNER, LLC

2. (a) 390 N. ORANGE AVENUE SUITE 240
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

_____ ORLANDO, FL 32801

10/06/2014
Date of filing/registration in Florida

M14000007201
Document number

5. (a) CT CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____ PLANTATION, FL 33324

(b) Corporation Service Company

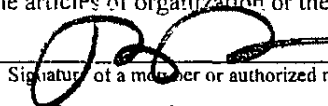
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

_____ Tallahassee, FL 32301

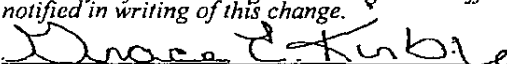
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Done Priebe, Authorized Person

Printed or typed name of signee

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 familiar 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.


Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA