

MI4000007218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

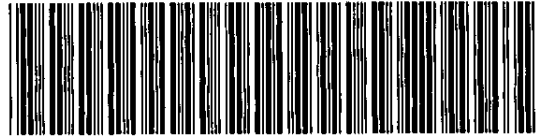
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265742850

RA
Change

FILED
2014 OCT 22 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
14 OCT 22 PM 4:27

AJR

10/23/14



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 346660 8018103

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : October 22, 2014

ORDER TIME : 1:48 PM

ORDER NO. : 346660-010

CUSTOMER NO: 8018103

CHANGE OF AGENT

NAME: BANYAN STREET/GAP HIDDEN RIVER
ONE OWNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

**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 HIDDEN RIVER ONE OWNER, LLC

2. (a) 390 N. ORANGE AVE, STE. 2400 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

_____ ORLANDO, FL 32801 _____

3. 10/06/2014 4. M14000007218
Date of filing/registration in Florida Document number

5. (a) C T 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 (Note: 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] Done Priebe, Authorized Person
Signature of a member or authorized representative of a member 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] BY: Grace E. Kirby, Assistant Vice President
Signature of Registered Agent Corporation Service Company

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

FILED
2014 OCT 22 PM 4:32
TALLAHASSEE, FLORIDA