MI500003228					
(Requestor's Name) (Address) (Address)	300291942293				
(City/State/Zip/Phone #)	FILED 2016 HOV 28 A & 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	16 NOV 28 PH 4: 15				
Office Use Only					

į

D. BRUCE NOV 29 2016

Name: Michelle Walker Reference #: C017561 ENTITY NAME: 2015B-PROPERTY: OWNER-LLC Articles of Incorporation/Authorization to Transact Business Amendment Annual Report Change-of-Agent- Reinstatement	harlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springf	field • Tallahassee • Washington, D.C. • Hong Kong • L
Reference #: C017561 ENTITY NAME: 2015B-PROPERTY:OWNER-LLC Articles of Incorporation/Authorization to Transact Business Amendment Annual Report Reinstatement Conversion	Date: 11/28/2016	<u>Account #: 12000000088</u>
ENTITY NAME: 2015B-PROPERTY:OWNER:LLC Articles of Incorporation/Authorization to Transact Business Amendment Annual Report Change of Agent Conversion	Name: Michelle Walker	
Articles of Incorporation/Authorization to Transact Business Amendment Annual Report Change-of-Agent Reinstatement Conversion	Reference #: C017561	
Amendment Annual Report Change of Agent Reinstatement Conversion	ENTITY NAME: 2015B-PROPERTY OWNER	ĽĻC
Annual Report Change-of-Agent Reinstatement Conversion	Articles of Incorporation/Authorization to Transact Bu	usiness
Change-of-Agent Reinstatement	Amendment	
Reinstatement ACCARE IN ASSOCIATION ASSOCIATICATICATICATICATICATICATICATICATICAT	Annual Report	
Reinstatement Reinstatement Conversion Reinstatement	Change of Agent	
Conversion HELLANS	Reinstatement	2016 SEC
	Conversion	AHAS T
, Merger	Merger	FILED
Discolution (With decays)	Dissolution/Withdrawal	FLOR
Fictitious Name	Fictitious Name	
Other:	Other:	

2

į

Signature: Michelle Walker

(Michelle at 518-213-0737 for approval.) (Thanks!____)

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301 Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200 E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

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.	1. Name of the limited liability company:			2015B PROPERTY OWNER LLC		
2.	(8)	3300 FERNBROOK LANE NORTH	_ (b)	3300 FERNBROOK LANE NORTH		
•		Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 210	_	SUITE 210		
		PLYMOUTH, MN 55447	-	PLYMOUTH, MN 55447		
		03/25/2015		M1500002228		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(8)	CORPORATION SERVICE COMP	ANY			
	.,	Registered Agent and Registered Office shown on the records of th	e Florida Dep	A. of State:		
		1201 HAYS STREET				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			
		TALLAHASSEE, FL	32301-2			
	(b)	National Corporate Research, Ltd., 6	nc.			
	(•)	Enter name of NEW Registered Agent and/or NEW Registered Q		ASSR 22		
		115 North Calhoun Street, Suite 4	L	TILED		
		NEW Registered Office Address:		4 28 ORIDA		
		Tailahassee, FL	32301	<u>1</u>		
the age wa the	e cha ent v s/we arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li stree of a member or authorized representative of a member	he registere oility compa-	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. ectler, Authorized Representative on behalf of sole member, Si		
II pro the to no	tere ovisi obl merc tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p lgations of my position as registered agent as provided by reflect a change in the registered office address, I he of m writing of this change.	e to act in th erformance for in Chap treby confir	his capacity. I further agree to comply with the s of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed on that the limited liability company has been		

Accorton Sean Honan, Assistant Secretary

Signature of Registered Agent

A . . .

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