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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE VERTICAL BRIDGE REIT, LLC

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COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	VERTICAL BRIDGE REIT, LL	С				
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning	g this matter to the	following:			
Alicia Ric	hards					
	Name of Person	<u>-</u> .				
Registered	1 Agent Solutions, Inc.					
	Firm/Company					
Corporate	Center One, 5301 Southwest Pkwy,	Stc 400				
	Address					
Austin, T	X 78735	_				
	City/State and Zip Cod	le				
E-m	ail address: (to be used for future	annual report noti	fication)			
For furthe	er information concerning this mat	ter, please call:				
Alicia Ric	hards	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ing amount:				
C	\$25 Filing Fee	- 2	555 Filing Fee & Certified Copy			
INHS18 (2	2/14)					

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: VERTICAL BRI	IDGE RE	EIT, LLC		_
2. (a)	750 PARK OF COMMERCE DRIVE		750 PAR	RK OF COMMERCE DRIVE	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	SUITE 200		SUITE 20	200	_
	BOCA RATON, FL 33487	 -	BOCA R	RATON, FL 33487	_
	4/2/2015		M1500000	02503	
3.	Date of filing/registration in Florida	4.		Document number	_
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	f the Florio	da Dept. of Sta	iale:	D
		10000	CC1	202	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 115 North Calhoun St. Suite 4			2025 FEB	
	Tallahassee . Fl	L_32301		B 18 A	
/L3	Registered Agent Solutions, Inc.			*****	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office #	ddress:	8: 23 STATE FLORIDA	
	2894 Remington Green Ln.				
	NEW Registered Office Address:				
	Ste. A			_	
	Tallahassee	32308			
change agent v was/wo	imited liability company is not organized under the la cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the register iability confitne of the line	red office at company, it i mited liabili	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	;
!s/	Allison Connella	All	lison Cannell	Authorized Representa	itive
	ture of a member or authorized representative of a member			Printed or typed name of signee	_
provisi the obl to mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	1
	Mackenzie Hibler, Asst. Secre	etary			
Signatu	re of Registered Agent				