## M1500000 4802

(Requestor's Name)				
(Address)				
(Address)				
(City/Sta	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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09/09/16--01022--003 \*\*25.00



K.SALY EXAMINER SEP 13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 7, 2016

Order#: 279818-001

Re: 84.51 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX \_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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: _ EIGHTY FOUR	FIFTY ON	NE, LLC
2. (a	100 West Flith St.	(b)_	•
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cincinnati, OH 45202		
	06/16/2015		M15000004802
3.	Date of filing/registration in Florida	4.	Document number
e (.	CT Corporation System		
5. (a	CT Corporation System  Registered Agent and Registered Office shown on the records of t	he Florida D	ent of State:
	Voltivored Library and Trabilitation Office info and transfer are	I 10110# D	
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
			<b>~</b> 2
	Plantation ,FL	33324	DI6 SE
			The state of the s
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
			OF STATE E. FLORII
	1201 Hays Street		
	NEW Registered Office Address:		<b>三</b> 5
			<del></del>
	Tallahassee , FL	32301	
he clugent was/vas/vas/vas/vas/vas/vas/vas/vas/vas/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law properties of a member of	the register bility comp f the limited limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
provi the ol to me notifl	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.  The property of Registered Agent Corporation Service Company	performan I for in Chi iereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept agter 605, F.S. Or, if this document is being filed firm that the limited liability company has been ce E. Kirby, Asst. Vice President