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| (Re | questor's Name) | | | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | | | |
| (Bu | siness Entity Nar | me) | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Spencer Boyden spencer.boyden@cscglobal.com

Date: April 25, 2018

Order#: 180751-005

Re: L&B CIP GLADES TWIN PLAZA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Spencer Boyden c/o Corporation Service Company 251 Little Falls Drive 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. N | ame of the limited liabili | ty company: L | &B CIP GLADE | ES TWIN | PLAŽA, L | LC | | |
|--|--|---|---|---|--|---|--|--|
| 2. (a) | . (a) 5910 N Central Expressway, Suite 1200 Principal office address of limited liability company: | | | (b) 5910 N Central Expressway, Suite 1200 | | | | |
| | • | ess of limited liabi | | <u>. </u> | | Mailing address of limited (Note: MAY BE POST | - | |
| | DALLAS | TX | 75206 | _ | DALLAS | s, TX 75206 | | |
| | 06/24/2015 | | | _ | M150000 | 04958 | | |
| 3. | Date of filing/r | egistration in F | lorida | 4. | | Document number | | |
| 5. (a) | C T CORPORATION | SYSTEM | | | | | | |
| (, | Registered Agent and Register | ered Office shown | on the records of t | he Florida I | Dept. of State | - e: | | |
| | 1200 SOUTH PINE IS | LAND ROAD | | | | | | |
| | Registered Office Address | (MUST BE FLC | ORIDA STREET A | DDRESS) | | - | | |
| | | | | | | | | |
| | PLANTATION | | . ri | 22224 | | - SP | چي وا | |
| | LANTAHON | | , rL_ | 33324 | | | | Gardoni. |
| (b) | Corporation Service Co | ompany | | | | ا ماديد ماديد | A A | emann. |
| () | Enter name of NEW Registe | red Agent and/or | NEW Registered | Office add | ress: | - 5 m. 5 m | 27 | |
| | | | | | | 100 g 100 g 100 g | | (Marchan) |
| | 1201 Hays Street | | | | | ر الله الله الله الله الله الله الله الل | بغ ف | 234 et a |
| | NEW Registered Office Add | iress: | | | | VED TO | 80 | Ang asser |
| | Tallahassee | | rı | 22201 | | - | | |
| | rananassee | | , FL_ | 32301 | | - | | |
| the cha agent was/w | limited liability company ange or changes are made will be identical. Or, in t ere authorized by an affinicles of organization or the | e, the Florida sta he case of a Flor mative vote of | reet address of orida limited lia the members of | the regist bility cor f the limit | ered office npany, it is ed liability | e and the business off s hereby confirmed the y company or as othe | fice of the | e registered nange(s) |
| | S/ CHRISTIAN T. METTE | | - 1···- | CHR | STIAN T. | METTEN, AUTHORI | | RSON |
| | ature of a member or authorized | • | | | | Printed or typed name o | | 1 1.1 .1 |
| provis the ob- to mer notifie | by accept the appointmentions of all statutes relative ligations of my position a cely reflect a change in the din writing of this change | ve to the proper is registered ag e registered off | agent and agre and complete pent as provided ice address, I h | ee to act i performa I for in Ci ereby coi | n this cape nce of my c hapter 605 ifirm that | acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c | to comp liar with ument is ompany | oly with the and accept being filed has been |
| Signati | ire of Registered Agent Corp | oration Service | e Company | BY: GR | ACE E. I | KIRBY, ASSIST V | P | |
| | | | | | | | | |

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