M1500000 6197

(Requ	uestor's Name)				
(Addr	ess)				
(Addr	ess)				
(City/:	State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Busi	ness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900321586299

12/21.18--61025--023 +•20.00

S TALLENT JAN 0 9 2019



RIBUH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: December 19, 2018

Order#: 508869-310

Re: SNR 27 UNIVERSITY PINES MANAGEMENT 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: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive

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.

a)	Principal office address of I (Note: MUST BE ST	imited liability company;	(b))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York	NY 10105			
	08/04/2015			M15000	0006137
	Date of filing/registr	ation in Florida	4		Document number
(a)	CT Corporation System				
(4)	Registered Agent and Registered Of	ffice shown on the records of	of the Florida	Dept. of St	ate:
	1200 South Pine Island Roa	ad			
		ST BE FLORIDA STREE	T ADDRESS)	<u> </u>	_
				•	
	Plantation	, I	FI33324		18 DE
	Corneration Service Compa				DEC 2
b)	Corporation Service Compa- Enter name of <u>NEW Registered Ap</u>		ed Office add	ress.	
	timer name or <u>ive, we accepted the</u>	the analog in the registers	CU CHINCE AUG		FILED 21 PH 3
	1201 Hays Street				
	NEW Registered Office Address:				— · ຕ ယ
	Tallahassee	, F	FL32301_		_
ha t w we	nge or changes are made, the livil be identical. Or, in the case authorized by an affirmative of organization or the ope	Florida street address of a Florida limited we vote of the members trating agreement of the	of the regist liability cor s of the limi	tered offic mpany, it ted liabil	lorida, it is hereby confirmed that after ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided impany.
_	Jue & alm		Jill C	ilmi, Auth	orized Person
nat	ure of a member or authorized repres	sentative of a member			Printed or typed name of signee
	by accept the appointment as rooms of all statutes relative to to	egistered agent and a he proper and complei	gree to act . te performa	in this ca	pacity. I further agree to comply with t y duties, and I am familiar with and acc D5, F.S. Or, if this document is being fu I the limited liability company has beer