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Thank you!

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.

l. Na	ame of the limited liability company: FS3 BUILDING	6 LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	c/o AEW, 2 Seaport Lane, 15th Floor		-	z/o AEW, 2 Seaport Lane, 15th Floor
	Boston, MA 02210	_		Boston, MA 02210
	11/17/2015		M	15000009236
•	Date of filing/registration in Florida	4.	_	Document number
. (a)	Registered Agent and Registered Office shown on the records of KOLLEEN O.P.COBB Registered Office Address			
	2855 LE JEUNE RD., 4TH FLOOR CORAL GABLES	33134		2017 MAY 12 AM 8: 29 SECRETARY OF STATE FALLAHASSEE, FLORIOA
	CORAL GABLES , FI			ARY OF ASSEE
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre	AM 8: 29 SEE, FLORID
	C T Corporation System			29 PRIDA
	NEW Registered Office Address:			•
	1200 South Pine Island Road			
	Plantation , FI	33324		
he che lgent vas/wo he arti Signa I here provisi he obi o mer notifie	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member of authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	f the reg ability of of the lin limited	riste com mite l lial	red office and the business office of the registere pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. James J. Finnegan Frinted or typed name of signee
	ure of Registered Agent VICE PRESIDE Division of Corporations P.O. 1		L == _	Tallaharan TV 22214

FILING FEE: \$25.00

INHS18 (2/14)