

(((H210001189873)))



H210001189873ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 SOLERO PROPERTY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 3 0000

To: 18506176383

ड्न

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.

| . N | ame of the limited liability company: Solero Property L | rc | |
|--|--|--|--|
| 2. (a) | c/o AEW, 2 Seaport Lane, 15th Floor | (b) c/o AEW, 2 Scaport Lane, 15th Floor Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Boston, MA 02110 | |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | |
| | Boston, MA 02110 | | |
| | 12/16/2015 | M1500001 | 10072 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| e () | CORPORATION SERVICE COMPANY | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. of St | ate: |
| | Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET | (DDRESS) | |
| (b) | TALLAHASSEE, FL | 32301-2525 | |
| | C.T Corporation System | | 1 HAR |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | 24 |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | — 29 |
| | Plantation , F1 | 33324 | <u> </u> |
| the ch agent was/w | limited 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 lierc authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the | the registered off ability company, i of the limited liabi limited liability c | ice and the business affice of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. |
| | 177. | | gan, Authorized Signatory Printed or typed name of signee |
| I here provis the ob to men notific By: | ture of a familier or authorized representative of a member why accept the appointment as registered agent and agious of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, led in writing of this change. C. T. Orporation Distance Sandra Zwijack, Assistance of Registered Agent | performance of m d for in Chapter b hereby confirm the | anacity I further agree to comply with the |