Maccolla

(Requestor's Name)		
(Address)	70029735557	
(Address)	, , , , , , , , , , , , , , , , , , , ,	
(City/State/Zip/Phone #)	,	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	04/26/1701025027 **25.00	
Certified Copies Certificates of Status	,	
Special Instructions to Filing Officer:	SECRETAL AND AND A PARTY.	
	FILED APR 26 PM 1: 07 APR 26 PM 1: 07 APR 26 PM 1: 07	

Office Use Only

D. SCOTT APR 2 8 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 24, 2017

Order#: 578495-387

Re: BR FOUR CORNERS ORLANDO LEASECO, 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: Grace Kirby

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.	Na	me of the limited liability company: BR FOUR COF	RNERS OF	PRLANDO LEASECO, LLC
2.	(a)	712 Fifth Avenue, 9th Floor Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	712 Fifth Avenue, 9th Floor Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		New York NY 10019	<u> </u>	New York, NY 10019
		02/06/2016		M16000001008
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	NRAI Services, Inc.		
·		Registered Agent and Registered Office shown on the records of	the Florida I	a Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	บ
				
		Plantation , FI	33324	<u> </u>
	41.5	Corporation Company		26
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	d Office addi	FILED TO BE THE STATE OF STATE
		,		28 1
		1201 Hays Street		
		NEW Registered Office Address:		
				<u> </u>
		Tallahanna	00004	
		Tallahassee , FI	L <u>32301</u>	
the ag wa	cha ent v is/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the regist iability cor of the limit limited lia	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
		Jee E. Whee	Jill C	Cilmi, Authorized Person Printed or typed name of signee
I protection in the second sec	herel ovisi obl mere tified	we of a number or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.		t in this capacity. I further agree to comply with the cance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Si	gnatu	Juace C-Kuby re of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Asst. Vice President

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