Middledalle

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Rusiness Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



900297355539

04/26/17--01025--025 **25.00

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Office Use Only

K. SALY 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#: 578495-383

Re: BR FOUR CORNERS ORLANDO DST MANAGER, 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 CORN	IERS O	RLANDO D	ST MANAGER, LLC
2	(a)	712 Fifth Avenue, 9th Floor	_ (b)	712 Fift	h Avenue, 9th Floor
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		New York NY 10019	_	New York	c, NY 10019
		02/06/2016		M1600000	01009
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 Dept. of State: 1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Plantation , FL	33324		2011 APR 26 SECRETAR) TALLAHASS
	(b)	Corporation Service Company			PR 2
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	APR 26 PH 2: CRETARY OF STA CAHASSEE, FLOR
		1201 Hays Street			FLC 23
		NEW Registered Office Address:			20 RIDA
		Tallahassee , FL	32301		
the age	cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial creathhorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regis bility co the limi	tered office npany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		- Xel C. White	JIII C	ilmi, Autho	rized Person
I i pro the to no	here ovisi obl mere tified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete proper and complete proper of the proper of the provided of the change in the registered office address, I had a proper of this change.			Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Asst. Vice President