

Florida Department of State

Division of Corporations  
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M1400004167

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*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  
DOC-2000 LEWIS TURNER BOULEVARD MOB, LLC

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

5074 LEWIS TURNER BOULEVARD  
SUITE 100  
LEWISVILLE, OHIO 43041

2024 JUN 17 PM 12:38

### 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. Name of the limited liability company: DOC-2000 LEWIS TURNER BOULEVARD MOB, LLC

2. (a) 4600 South Syracuse Street  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 500  
Denver, CO 80237

(b) 4600 South Syracuse Street  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Suite 500  
Denver, CO 80237

3. 05/25/2016 Date of filing/registration in Florida

4. M16000004167 Document number

5. (a) SPI AGENT SOLUTIONS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1540 GLENWAY DR.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
TALLAHASSEE, FL 32301

(b) C T Corporation System  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
"  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Natalie Pickens  
Signature of a member or authorized representative of a member

NATALIE PICKENS, MANAGER  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Sean L Emerick  
Signature of Registered Agent  
SEAN L EMERICK, ASSISTANT SECRETARY