

M16000007221

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

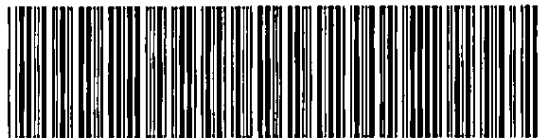
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 26 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 410883 7932413  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : September 25, 2018  
ORDER TIME : 12:58 PM  
ORDER NO. : 410883-010  
CUSTOMER NO: 7932413

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CHANGE OF AGENT

NAME: COLONNADE CENTREPARK WEST LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Colonnade Centrepark West LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Reardon, Paralegal

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 E. Fourth Street, Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

glinskic@colonnadeproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Paralegal

at ( 513 ) 361-1259

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Colonnade Centrepark West LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 09/09/2016 4. M16000007221  
Date of filing registration in Florida Document number

5. (a) Gregory E. Young  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1900 Phillips Point West  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
777 South Flagler Drive  
West Palm Beach, FL 33401

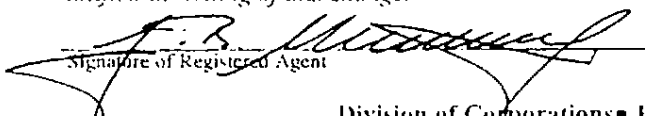
(b) John B.T. Murray, Jr.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1900 Phillips Point West  
NEW Registered Office Address:  
777 South Flagler Drive  
West Palm Beach, FL 33401

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.

 \_\_\_\_\_  
Signature of a member or authorized representative of a member Gregory E. Young, Authorized Signatory  
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.*

 \_\_\_\_\_  
Signature of Registered Agent

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

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18 SEP 25 PM 4:40  
TALLAHASSEE, FLORIDA