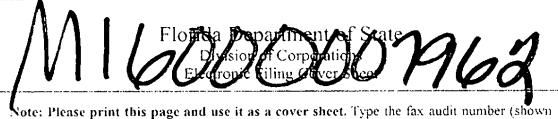
Division of Corporations



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GA

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.

ONE FL Samsota HE Management LLC

. (a)	810-925 WEST GEORGIA STREET	(b)		EST GEORGIA STREET	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	VANCOUVER BC V6C 3L2, BRITISH COLUMBIA CA		VANCOUV	ER BC V6C 3L2.	
			BRITISH COLUMBIA CA		
	10/05/2016		M160000079	62	
	Date of filing/registration in Florida	4.	1	Document number	
. (a)					
. (11)	Registered Agent and Registered Office shown on the records of th	e Florid:	⊇épt. oi State:		
	PARACORP INCORPORATED		•		
	by the book of the street of t	S 15 2 4 2 7 CT 4	•;		
	155 OFFICE PLAZA DRIVE, IST FLOOR		í	سد السو	
	TALLAHASSEE ,FL ³			温泉 る いる	
			. •	新五里	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	-		<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered O	office ado	l <u>ress</u> :	1.1	
	C T Corporation System				
	NEW Registered Office Address:				
	1200 South Pine Island Road			g _b co	
	Plantation, FL				
he cha gent v vas/wa	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regis pility co The lin	tered office mpany, it is and liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided in	
/s/ J	ane Zachritz	Jane	Rachritz		
	ture of a member or authorized representative of a member		•	Printed or typed name of signee	
l here rovis læ obi	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he	e to act perform for in G weby co	in this capa ance of my d Thapter 605, onlirm that th	city. I further agree to comply with i luties, and I am familiar with and acc F.S. Or, if this document is being fi he limited liability company has beer	

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