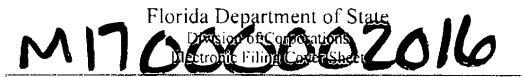
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Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)280-3338

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LLC REGISTERED AGENT CHANGE BEL ELMHURST LLC

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K. Brumbley

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To:

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: Bel Elmhurst ELC				
2. (:	a)	TWO INTERNATIONAL PLACE		(b) TWO INTERNATIONAL PLACE		
,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	·	Mailing address of limited liability company: (Note: MAYBE POST OFFICE ROX)	
		BOSTON, MA 02110	-	BOSTON.	MA 02110	
		03/09/2017	-	M17000002	016	
3. 5. ('a 1	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number	
J. (, (1.1	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	e Florid	la Dept of State	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		TALLAHASSEE ,FL,3	2301-2	2525	2023 NOV 27	
.1	b)	C T Corporation System				
	- ∙y .	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		NEW Registered Office Address:		- · · · · · · · · · · · · · · · · · · ·		
		1200 South Pine Island Road			. 5 . 2	
		Plantation F1.	3324		_	
the cagen was/the ast	tha we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the members of the members of the members of the liability of a member of authorized representative of a member of accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete passes.	he reg pility c the lir mited Mic	istered office ompany, it is nited liability liability con chael Askew.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Assistant Secretary Printed or typed name of signce activ. I further agree to comply with the	
the o to m notif By:	obli ere liea	ons of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. CT Corporation System SENDLEMERICA ASSISTANT SECRETARY	för m rehy c	Chaptër 605 confirm that	i, F.S. Or, if this document is being filed the limited liability company has been	
	alu	e of Registered Agent				