3/30/2017

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000088160 3)))



H170000881603ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 : (954)208-084\$

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 CABOT IV- FL1W01-W02, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

, J. HARRIS

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

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 1 (1)			<i>a</i> >	
479	Principal office address of limited liability company: (Note: MUST BESTREET ADDRESS)	((b)	Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ONE BEACON ST, STB 1700		ONE B	EACON ST, STE 1700
	BOSTON, MA 02108		BOSTO	N, MA 02108
	03/15/2017		∬ M170000	102754
	Date of filing/registration in Florida	4.		Document number
	- 410 01 1111 E (12 1111 111 111 111 111 111 111 111 11	•		potaniti, namon
, (a)	Registered Agent and Registered Office shown on the records	of the Florid	la Dont, of S	tate:
	BALCH & BINGHAM LLP	01 414 1 101K	in isolvii oi o	
	Registered Office Address (MUST BE FLORIDA STREET	TADDNES	S)	
	841 PRUDENTIAL DR, STB 1400		 -	
	JACKSONVILLE	FL 32207		
		FL		
(b)				IK AR
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	kiress:	<u>ω</u>
	C. C. Company of the			
	C T Corporation System			
	NEW Registered Office Address:			 မ
	1200 South Pine Island Road			
	Plantation	FL_33324		
gent we as/we artic	Plantation mited liability company is not organized under the nge or changes are made, the Florida struct address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member along of organization on the operating agreement of the control of a member or authorized representative of a pumber	laws of the of the regiliability of the limited	ompany, it nited liabil liability co	t is hereby confirmed that the change(s) lity company or as otherwise provided in impany. CKD. Mullanc. Printed or typed name of signer
sont was/we as/we article article solling obligation of the control of the contro	Plantation mited llability company is not organized under the nge or changes are made, the Florida struct address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member plantage of a florida limited and the company of the member of a florida limited and the company of a florida limited and the company of the co	laws of the of the regilability of the limited so of the limited signed to accomply the limited signed for in I hereby control of the limited signed for in I hereby control of the limited signed for in I hereby control of the limited signed for in I hereby control of the limited signed for in I hereby control of the limited signed signe	ompany, it is in the label liability of AHR 1 I in this can ance of m Chapter of on firm the	tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signer spacity. I further agree to comply with a duties, and I am familiar with and accost, or, if this document is being flut in the limited itability company has been