## M1700000 2452

(Requestor's Name)	
(requesters reality)	
(Address)	11866
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	:
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	<u> </u>

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 23, 2017

Order#: 872417-174

Re: PROPERTY OWNER 2, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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	ume of the limited liability company:	PROPERTY OW	/NER 2, L	LC		_	<del></del>
2. (a)		7500 N. Dobson Road, Suite 300 Principal office address of limited li (Note: MUST BE STREET)	* * -	_ (b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		Scottsdale	AZ 85256					
		03/22/2017		· —	M1700000	<del></del>		
3.		Date of filing/registration i	n Florida	4.		Document number	r	
5.	(a)	C T CorporationSystem						
		Registered Agent and Registered Office sho	wn on the records of th	he Florida D	Dept. of State	::		
		1200 South Pine Island Road						
		Registered Office Address (MUST BE )	LORIDA STREET A	DDRESS)			•	T
								3
				·	<del></del>		•	urt D3
		Plantation	, FL_	33324			•	CFI
	(b)	Corporation Service Company				· •	•••	<b>3</b> 2
	(0)	Enter name of NEW Registered Agent and	or NEW Registered (	Office addr	ess:	:	 - - - - - - -	64:8
		1201 Hays Street				•		w,
		NEW Registered Office Address:						
		Tallahassee	FL_	32301				
		Tanai acces	, , I L_	02001				
the ag	e cha ent y as/we	imited liability company is not organinge or changes are made, the Floridivill be identical. Or, in the case of a creatith are vote by an affirmative vote color or an argument of the operating	a street address of t Florida limited lial of the members of	the registe bility com the limit	ered office ipany, it is ed liability	e and the business of thereby confirmed to company or as ot	office I that	e of the registered the change(s)
		Xel C. When	<u></u>	Jill Cil	lmi, Author	rized Person		
	Signa	dre of a member or authorized representative	e of a member			Printed or typed name	e of si	gnee
pr the to	ovis <del>i</del> e obl mere	by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered live reflect a change in the registered in writing of this change.	red agent and agre per and complete p agent as provided office address. I h	ee to act in performan I for in Ch ereby con	n this capa ice of my a aapter 605 ifirm that i	acity. I further agr luties, and I am fa , F.S. Or, if this d the limited liability	ree to milia ocum r com	o comply with the or with and accept nent is being filed npany has been
Si	gnatu	re of Registered Agent Corporation Ser	vice Company	BY: Am	ni M. Cas <sub>l</sub>	per, Asst. Vice Pi	resid	lent

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