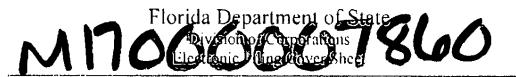
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Division of Corporations



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Division of Corporations

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From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)280-3338

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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.

I. N	ame of the limited liability company: TWO INTERNATIONAL PLACE		THEO D	TEDNATIONAL DI ACE
2. (a)	Principal office address of limited liability company:	_ ((b) TWO INTERNATIONAL PLACE Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	BOSTON, MA 02110		BOSTO	S. MA 02110
	09/15/2017	_	M1700000	D7860
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
J. (a)	Registered Agent and Registered Office shown on the records of a	he Florie	ia Dept_of Sta	ate:
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>23</u>	_
	TALLAHASSEE FL.	32301-	2525	_
(b)	C T Corporation System			2023 h
(~)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress	2023 NOV 27
	NEW Registered Office Address:			- P 107
	1200 South Pine Island Road			
	Plantation, FL_	33324		
the cha agent v was/wa the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the operating agreement of the	the reg bility of the lin limited	istered offi- company, it mited liabil liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ture of a fill ther or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigutions of my position as registered agent as provided ely reflect a change in the registered office address, I have riting of this change. CT Corporation System SENUE EMERICA, ASSISTANT SECRETARY	e to ac perform for in ereby c	t in this ca tance of my Chapter 61, confirm tha	pacity. I further agree to comply with the eduties, and I am familiar with and accepts, E.S. Or, if this document is being filed the limited hability company has been

Signature of Registered Agent