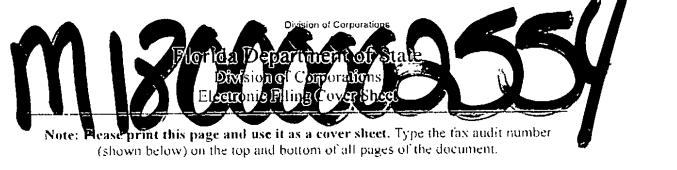
11/7/2019



(((H19000329557 3)))



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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)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE BOCA PLACE TRS, LLC

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FAX COVER SHEET

TO		
COMPANY		
FAX NUMBER	18506176383	
FROM	James Tanks III	
DATE	2019-11-07 16:34:38 CST	
RE	BOCA PLACE TRS, LLC 12358374	

COVER MESSAGE

Stephen Avallone Fulfillment Associate F CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com

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.

	me of the limited liability company: BOCA PLACE			 		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	dailing address of limi (<u>Note: MAY BE PO</u>	ited liabili	ty company:
	50 California Street, Suite 3000		50 California Street, Suite 3000			
	San Francisco, CA 94111		San Francis	sco, CA 94111		
	0371472018	М	M18000002554			
	Date of filing/registration in Florida	4.		Document number	r	
(a)	CORPORATION SERVICE COMPANY					
(a)	Registered Agent and Registered Office shown on the records o	of the Florida D	ept, of State	2.		
	Registered Office Address	"ADDRESS)				
	TALLAHASSFE, F	L, 32301-252	5	- ≥v	59.95	
(b)	C.T. Corporation System			- Arv 	AON BE	Ti
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	<u>ess</u> :		ပ ထ	1 : 1
	NEW Registered Office Address.				D =	
	(200) South Pine Island Road			9	₩ ₩	
	Plantation	T. <u>3332</u> 4		-	_	
ne cha gent ras w re art	limited liability company is not organized under the Lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the state.	of the registe Hability con a of the limit he limited Ha	ered office ipany, it is ed liability ibility con	e and the business is hereby confirmed y company or as company. Authorized Person	office of that the	t the registere e change(s) : provided in
Sign	iture of a member or authorized representative of a member			Printed or typed nam	ie of signo	×
rovis le ob) mer otifle	the accept the appointment as registered agent and a jons of all statutes relative to the proper and complete ligations of my position as registered agent as provide reflect a change in the registered office address, at in writing of this change. James M. Halpin Assistant Secretary are of Registered Agent	gree to act t le performat led for in Cl I hereby cor	n this cap ace of my aprèr 602 afirm that	acity. I further ay duties, and I am fi 5, F.S. Or, if this c the limited habili	ree to co miliar v locumen ly compo	omply with th vith and acce it is being file my has been