## M18000005832

| (Requestor's Name)                      |      |  |  |  |
|---|------|--|--|--|
|   |      |  |  |  |
| (Address)                               |      |  |  |  |
|   |      |  |  |  |
| (Address)                               |      |  |  |  |
| (Address)                               |      |  |  |  |
|   |      |  |  |  |
| (City/State/Zip/Phone #)                |      |  |  |  |
|   |      |  |  |  |
| PICK-UP WAIT                            | MAIL |  |  |  |
|   |      |  |  |  |
| (Business Entity Name)                  |      |  |  |  |
| (,                                      |      |  |  |  |
|   |      |  |  |  |
| (Document Number)                       |      |  |  |  |
|   |      |  |  |  |
| Certified Copies Certificates of Status |      |  |  |  |
|   |      |  |  |  |
| 2                                       |      |  |  |  |
| Special Instructions to Filing Officer: |      |  |  |  |
|   |      |  |  |  |
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|   |      |  |  |  |

Office Use Only



100397349741

2022 NOV 16 AIT10: 5

NOV 17 2022

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

| A                    | CCOUNT NO. :  | 12000000195      |      |  |  |
|----------------------|---------------|------------------|------|--|--|
|                      | REFERENCE :   | 1168889 7143     | 029  |  |  |
| AUTI                 | HORIZATION :  | Synellike        | adr. |  |  |
| (                    | COST LIMIT :  | \$ 25.00         |      |  |  |
| ORDER DATE : Novemb  | per 7, 2022   |                  |      |  |  |
| ORDER TIME : 9:17    | AM            |                  |      |  |  |
| ORDER NO. : 116888   | 3-059         |                  |      |  |  |
| CUSTOMER NO: 714     | 13029         |                  |      |  |  |
|                      |               |                  |      |  |  |
| CHANGE OF AGENT      |               |                  |      |  |  |
|                      |               |                  |      |  |  |
| NAME: DUI            | (E 108TH BUIL | DING 3 LLC       |      |  |  |
|                      |               |                  |      |  |  |
|                      |               |                  |      |  |  |
| PLEASE RETURN THE FO | OLLOWING AS P | ROOF OF FILING:  |      |  |  |
| CERTIFIED CO         |               |                  |      |  |  |
|                      |               |                  |      |  |  |
| CONTACT PERSON: Ale  | exxis Weiland |                  |      |  |  |
|                      | EXAM          | INER'S INITIALS: |      |  |  |
|                      |               |                  |      |  |  |

## 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.

| . Na                            | ame of the limited hability company:  | BUILDING 3 L   | LC  |
|---------------------------------|---|--|---|
| . (a)                           | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|                                 | Denver, CO 80202  |  |   |
|                                 | 06/20/2018  | M18  | 3000005832  |
| (a)                             | Date of filing/registration in Florida C T Corporation System   | 4.   | Document number   |
| (4)                             | Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road  | of the Florida Dept  | t. of State:  |
|                                 | Registered Office Address (MUST BE FLORIDA STREET   | TADDRESS)  |   |
|                                 | Plantation , F  | 33324  | 2022 NOV  |
| (b)                             | Enter name of NEW Registered Agent and/or NEW Registers   | ed Office address  | 6 AHO: 5  |
|                                 | Corporation Service Company  NEW Registered Office Address:  1201 Hays Street   |  | ——  |
|                                 | Tallahassee F   | 32301<br>L   |   |
| iange<br>gent v<br>as/we        | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the              | aws of the State<br>te registered of<br>iability compa<br>of the limited | fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in  |
|                                 | ichael T. Blair   | Michael  | T. Blair, Authorized Person   |
| heret<br>ovisi<br>e obl<br>mere | ture of a member or authorized representative of a member<br>by accept the appointment as registered agent and as<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>by reflect a change in the registered office address, l | gree to act in the<br>e performance<br>ed for in Chapt<br>hereby confire | Printed or typed name of signee<br>his capacity. I further agree to comply with the<br>of my duties, and I am familiar with and accept<br>fer 605, F.S. Or, if this document is being filed<br>in that the limited liability company has been |
| otified<br>(                    | ly writing of this crange.  | Corporation S  | Service Company   |
| ienatu                          | re of Registered Agent  | Ami M. Casp  | er, Asst. Vice President  |