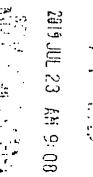
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: FLORIDA REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson elizabeth.dawson@cscglobal.com

Date: July 22, 2019

Order#: 815175-176

Re: MHF LAS OLAS OPERATING VI 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.

<u>XX</u> Please return evidence to the following:

Attn: Elizabeth Dawson c/o Corporation Service Company 251 Little Falls Drive

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. 1	Name of the limited liability company: MHF LAS OLAS	S OPERA	ITING VI LLC
2 (a	300 Centerville Road, Ste. 300 East	(b)	300 Centerville Road, Ste. 300 East
2. (Principal office address of limited liability company:	(0)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Warwick, RI 02886		Warwick, RI 02886
	11/08/2018		M18000010099
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Cogency Global Inc.		
(u	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:
			4
	115 North Calhoun St., Suite 4 Registered Office Address	DARKER	
	Registered Office Address IMUST BE FLORIDA STREET A	<u>DUKESS)</u>	
	Tallahassee gr	22201	
	, FL_	32301	
(b	Corporation Sonice Company		. 2
I D	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	
		COLINCE MOUT	
	1201 Hays Street		
	NEW Registered Office Address:	<u>-</u>	
	Negative Address.		4-
			
	Tallahassee	32301	
			
If the	limited liability company is not organized under the law	s of the S	tate of Florida, it is hereby confirmed that after
agent	ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial	bility com	pany, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of	the limite	ed liability company or as otherwise provided in
ine ar	ide of organization or the operating agreement of the l	imited lia	bility company.
	Lee E. Whee	Jill Cil	mi, Authorized Person
	attre of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I he d in writing of this change.	pertorman	ice of my duties, and I am familiar with and accent
α	your Van-		

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

Signature of Registered Agent Corporation Service Company BY: Elizbeth A. Dawson, Asst. Vice President