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Division of Corporations Fac Humber (850)617-6181

Proc.

Account Name : COMPOTERSHARE Account Number : 10402203053 Thome : (361)694-8107 Tax Number . (561)224-9442

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

LLC AMNU/RESTATE/CORRECT OR M/MG RESIGN NORTHBRIDGE PROPERTY OWNER LLC

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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	une of the limited liability company:	perty Owner L	LC
2. (a)	6031 CONNECTION DRIVE SUITE 200	(b) _	00 N Main St Suite 402 Greenville, SC 29601
ώ. (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	IRVING, TX 75039		
	Ú5/30/2019	M!	9000005311
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
2. (ii)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	i the Florida De	pt. of State:
	Registered Office Address MUST BE FLORIDA STREET	T ADDRESS _I	
			123
	PLANTATION,, F	TL_33324	
(b).	United Agent Group Inc.		MELLAHASSEE HOOM
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office andre	m:
	\$01 US Highway 1		PH 12: 33
	NEW Registered Office Address:		.,
		·	
	North Palm Bench	33408	
change agent v was/w	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 letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered of liability comp s of the limited ne limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in ility company.
C:			riana Turoski, Attorney-in-fact Printed or typed name of signee
I here provisi the obi	ture of a member or authorized representative of a member by accept the appointment as registered agent and as cons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change. By: Atlang Turoski, Special Secretary	gree to act in e performanc led for in Cha I hereby confi	this canacing. I further gores to comply with the
Signatu	By: Ariang Turoski, Special Secretary ire of Registered Agent		