Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000440906 3)))



H210004409063ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

| To: From | : Account Name Account Numbe Phone | Corporations : (850)617-6: : CAPITOL COI er: I201600000 : (800)345-4 : (800)432-3 | RPORATE SE 48 647 | ERVICES, INC. | | 2021 DEC -3 AM 10: 1 |
|-------------|---|--|--------------------------|--------------------|-------------------------|----------------------|
| ±±Enter | the email addres | ss for this busi ings. Enter only | iness enti v one emai | ty to be used | d for future ease.** | 7 |
| - | ail Address: | | | | | |
| - Em | ail Address: | GISTERED A | AGENT (| CHANGE | | The deliberation |
| Em | ail Address: | GISTERED A | AGENT (| CHANGE | | 0 6 2021 |
| - Em | all Address: LLC RE W(| CGISTERED A OODBURY O' of Status | AGENT (| CHANGE LLC | DEC (| 0 6 2021 LUNT |
| Em. | LLC RE WO | CGISTERED A OODBURY O' of Status | AGENT (| CHANGE LLC 0 | DEC (| |

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000440906 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| suomi Floric | 70 | a its registared office or registered agent, or both, in the State of DBURY OWNER, LLC |
|---|---|--|
| l. Ne | ame of the Limited Liability Company: | SBORT OTTREET, LEO |
| 2. (a) | | (b) |
| (-) | Principal office address of limited liability con (Note: MUST BR STREET ADDRESS | many: Mailing address of limited liability company: |
| | 3000 RICHMOND AVENUE | 3000 RICHMOND AVENUE |
| | HOUSTON, TX 77098 | HOUSTON, TX 77098 |
| | 02/01/2021 | M21000001328 |
| 3. | Date of filing/registration in Florida | 4. Dogument number |
|). (a | C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the 1200 SOUTH PINE ISLAND ROAD Registered Office Address IMUST RE PLORIDA | STREET ADDRESS |
| (b' | Capitol Corporate Services, Inc. | , FL 33324 A |
| | Enter name of NEW Registered Agens and/or NEW 515 East Park Avenue 2nd Fl NEW Registered Office Address: | ······································ |
| | Tallahassee | FL 32301 |
| the cl agent | hance or changes are made, the Florida street a | ler the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise provided in and of the limited liability company. |
| Sign | nayling of a member or authorized representative of a mem | Rosalind M. McLeroy Printed or typed name of signee |
| I her provi ihe oi to me notifi | eby accept the appointment as registered ages sions of all statutes relative to the proper and bligations of my position as registered agent trely reflect a change in the registered office a led in writing of this change. | at and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am Jamiliar with and accept s provided for in Chapter 605, F.S. Or, if this document is boing filed ddress, I hereby confirm that the limited liability company has been |
| 3, | nu Parelantei | Brian Radecki, Assistant Secretary on |
| SIRUN | dure of Registered Agent | behalf of Capitol Corporate Services, Inc. |
| | Division of Corporation F | 18 • P.O. Box 6327 • Tallahassee, FL 32314 ILING FEE: S25.00 |

INHS18 (2/14)