M9800000 1129

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100346372481

08/16/20--01002 -02/ (**25.00

RECEIVED
JUN 1 5 2020

S TALLENT

JUL 0 9 2020

2020 JUN 15 AM 10: 09

RIPUM



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2020

Order#: 316254-083

Re: BRE/SUNDIAL OWNER L.L.C.

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.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

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.

OUCA.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. N	ame of the limited liability company:	L OWNER L.L.	C.
2. (a)	233 S. Wacker Drive, Suite 4700	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL 60606	_ <u> </u>	
	10/02/1998	M98	000001129
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI Services, Inc		
J. (a)	Registered Agent and Registered Office shown on the records on 1200 South Pine Island Road	of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	Plantation	., 33324	
	, r	L	
(b)			
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	020
	Corporation Service Company		2020 JUH
	NEW Registered Office Address:		
	1201 Hays Street		
			<u> </u>
	Tallahassee, F	32301	. 09
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I greauthorized by an affirmative vote of the members is less of organization or the operating agreement of the	te registered of liability compar of the limited e limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signs	Signapare of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in the e performance led for in Chapi I hereby confiri	is capacity. I further agree to comply with the
	Cer m Ley	Corporation S	Service Company
_	re of Registered Agent A. Caspar, Asst. Vice President		
-1111 IV	 Casper, Asst. Vice President Division of Corporations P.O. 	. Box 6327● T:	allahassee, FL 32314

FILING FEE: \$25.00