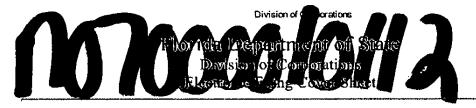
6/27/2017



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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

| Email | Address: | | | | | |
|-------|----------|--|--|--|--|--|
| | | | | | | |

REGISTERED AGENT CHANGE JUPITER PROPERTY OWNERS ASSOCIATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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JUN 2 8 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607,0502, 617.050 statement of change is submitted for a corporation organ | ized under the laws of the State of Florida | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| in order to change its registered office or registe | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 1. The name of the corporation: JUPITER PROPERTY OV | VNERS ASSOCIATION, INC. | | | | | | | | | |
| 2. The principal office address: C/O HEITMAN CAPITAL MANAGEMENT LLC | | | | | | | | | | |
| 191 NORTH WACKER DR., SUITE 2500, CHICAGO, I | L 60606 | | | | | | | | | |
| 3. The mailing address (if different): | | | | | | | | | | |
| 4. Date of incorporation/qualification: 10/16/2007 | Document number: N07000010112 | | | | | | | | | |
| The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned | gent and registered office on file with the | | | | | | | | | |
| CORPORATION SERVICE COMPANY | · | | | | | | | | | |
| 1201 HAYS STREET | | | | | | | | | | |
| TALLAHASSEE, FL 32301-2525 | | | | | | | | | | |
| The name and street address of the new registered ager (if changed): | nt (if changed) and /or registered office | | | | | | | | | |
| C T Corporation System | | | | | | | | | | |
| c/o C T Corporation System, 1200 South P | c/o C T Corporation System, 1200 South Pine Island Road | | | | | | | | | |
| P.O. Box NOT Plantation, Florida 33324 | P.O. Box NOT acceptable Plantation, Florida 33324 | | | | | | | | | |
| The street address of its registered office and the street as changed will be identical. | address of the business office of its registered agent, | | | | | | | | | |
| Such change was authorized by resolution duly adopted authorized by the board, or the compration has been no | | | | | | | | | | |
| Signature of the officer or director | Helen Garrahy, Senior Vice President | | | | | | | | | |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the corporation has been notified in | ••• | | | | | | | | | |
| By: Signplure of Registered Agent | 6/27/2017 Onto | | | | | | | | | |
| If signing on behalf of an Salis Martin Assistant Secretary | | | | | | | | | | |
| Typed or Printed Name * * * FILING FE | E: \$35.00 *** | | | | | | | | | |
| MAKE CHECKS PAYABLE TO FLO MAIL TO: DIVISION OF CORPORATIONS, P. CR2E045 (03/12) | ORIDA DEPARTMENT OF STATE | | | | | | | | | |

FL006 - 05/20/2013 Waters Klawer Online