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, (Re	equestor's Name)			
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SECRETARY OF STATE TALLAHASSEE, FLORID,

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 612517 7143029					
authorization quelo de man					
COST LIMIT : \$35.00					
ORDER DATE : April 30, 2015					
ORDER TIME : 3:44 PM					
ORDER NO. : 612517-005					
CUSTOMER NO: 7143029					
CHANGE OF AGENT					
NAME: PEMBROKE COMMERCE CENTER ASSOCIATION INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Lydia Cohen EXT# 62974					

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orgo	anized under the laws of the State	of Florida	_
	r to change its registered office or regis		of Florida.	
1. The name of	he corporation: Pembroke Commerce	Center Association Inc.		
2. The principal	office address: 4545 Airport Way, Denv	ver, Colorado 80239	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 12/02/1999	Document number: N990	000007071	
5. The name and	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on fil		
	Resigned			
	Angela M. Kelsey			
	1812 SW 31st Avenue, Pembroke Pa	rk FL 33009		TALL
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered	õ	AHASSE
	Corporation Service Company		PH !	<u> </u>
	1201 Hays Street		PH 12: 46	STA: LOR
P.O. Box NOT acceptable				DA TDA
	Tallahassee	FL 32301		
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the business office of	of its registered age	nt,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	ed by its board of directors or by otified in writing of the change.	an officer so	
Mil	0.2080	Michael T. Blair	Director	_
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporatio By:	the appointment as registered agent and comply with the provisions of all stammy duties, and I am familiar with and a state of a sta	Printed or typed name and agree to act in this capacity. Itues relative to the proper and accept the obligation of my positive to change in the registered of in writing of this change. 4 30 16 Date	complete ition as registered office address, I	-
	nalf of an entity: Stephanie Milnes Asst. Vice President			
Ту	ped or Printed Name * * * FILING FI	EE: \$35.00 * * *		