

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M14000008701

Entity Name: ESA P PORTFOLIO OPERATING LESSEE LLC**Current Principal Place of Business:**11525 N. COMMUNITY HOUSE ROAD
SUITE 100
CHARLOTTE, NC 28277**Current Mailing Address:**PO BOX 49550
CHARLOTTE, NC 28277 US**FEI Number:** 20-1627433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NRAI SERVICES, INC**05/31/2018**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name NEW ESA P PORTFOLIO OPERATING LESSEE LLC
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

Title VP, TAX
Name HASHE, WILLIAM
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY
Name DEKLE, CHRISTOPHER
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT
Name HALKYARD, JONATHAN
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

Title CFO
Name NICHOLSON, BRIAN
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

Title CHIEF INFORMATION OFFICER
Name FLYNN, AMES
Address PO BOX 49550
City-State-Zip: CHARLOTTE NC 28277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRITTANY TETLOW**TAX ACCOUNTANT****05/31/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date