

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.

(((H16000191075 3)))



H160001910753ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*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 CAH SUBSIDIARY REIT, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

 $\mathbb{C}^n$ 

non-Asianama Estatione Rhouse Philips



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

Pursuant to th	e provisions of sections 607.05	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	-	ration organized under the laws of the State of MD	
in ord	der to change its registered off	ice or registered agent, or both, in the State of Florida.	
l. The name o	f the corporation: CAH Subsidi	ary REIT, Inc.	
2. The principa	al office address: 2450 BROAD	WAY, SIXTH FLOOR	
SANTA MO	ONICA, CA 90404		
3. The mailing	address (if different):	·	
4. Date of inco	rporation/qualification: 4/17/2	Document number: F14000001700	
5. The name ar		registered agent and registered office on file with the	: :- :- :- :- :-
	Corporation Service Company		. Ť
	1201 Hays Street, Tallahassee	e, FL 32301-2525	
		· · · · · · · · · · · · · · · · · · ·	
6. The name ar (if changed)		gistered agent (if changed) and /or registered office	(y)
	C T Corporation System		
	c/o C T Corporation System, 1	1200 South Pine Island Road	
		P.O. Box NOT acceptable	
•	Plantation, Florida 33324		
The street add as changed wi	ress of its registered office and	d the street address of the business office of its registered agen	ıt,
Such change v authorized by:	vas authorized by resolution d the board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	-
<u> </u>	- Jam Barries	Terrie Bates	
<b>C</b> ,	ture of an officer or director	Printed or typed name and title	
ureni. Ur. 11 il	us accument is neiny nieu me	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I n notified in writing of this change.	
By: Co	arporation system	8/1/16	
	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
James M.		·	
Assistant Se	Crétary Typed or Printed Name	<del></del>	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEF, FL 32314
CR2E045 (03/12)