

809076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2009 MAY 28 PM 2:45  
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TALLAHASSEE, FLORIDA

*AR  
5/28/09*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 999615 7288091  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : May 19, 2009  
ORDER TIME : 11:32 AM  
ORDER NO. : 999615-187  
CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME: TEACHERS INSURANCE AND ANNUITY  
ASSOCIATION OF AMERICA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: \_\_\_\_\_

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

2. The principal office address: 730 Third Avenue, 8th Floor, New York, NY 10017

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/03/1952 Document number: 809076

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephen W. Metz
215 S. Monroe Street, Suite 505
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Maureen Cullen, Attorney in Fact
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: [Signature]
(Signature of Registered Agent)

05/18/2009
(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson, Asst. Vice President
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314