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OCFALLMENT OF STATE DIVISION OF CORPORATIONS TALLMHASSICE, FLORIDA

B. KOHR JAN 2 8 2010

**EXAMINER** 



ACCOUNT NO. : 12000000195		
REFERENCE : 265218 7375564		
AUTHORIZATION: Spelle man 4		
COST LIMIT : \$ 25.00		
REFERENCE : 265218 7375564  AUTHORIZATION : Spelbble man  COST LIMIT : \$ 25.00  ORDER DATE : January 27, 2010		
ORDER TIME : 3:03 PM		
ORDER NO. : 265218-010		
CUSTOMER NO: 7375564		
CHANGE OF AGENT		
NAME: DIM-WHITAKER SQUARE, LLC		
MANE. DIM-WHITAKER SQUARE, LLC		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
THERE DIFFIELD COLI		
CONTACT PERSON: Carina L. Dunlap EXT# 2951		
EXAMINER:		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

in the state of rioriaa.	
1. Name of the limited liability company: DIM-Whita	ker Square, LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: One Financial Plaza Suite 2001 Fort Lauderdale, Florida 33394
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Financial Plaza Suite 2001 Fort Lauderdale, Florida 33394
10/24/2007	Fort Lauderdale, Florida 33394  L07000108096
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Murai Wald Biondo Moreno & Brochin, P.A.
Registered Office Address:	Two Alhambra Plaza PH 1B Coral Gables, Florida 33394
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida strooffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member, or authorized representative of a member)	e laws of the State of Florida, it is hereby confirmed cet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
Arthur L. Gallagher, Authorized Representative (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated to the company of the corporation Service Company. Assets:  (Signature of Registered Agent)	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may be a registered agent as provided for in Chapter 608, a change in the registered office address, I hereby the in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00