· M05000005348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400180455714

RECEIVED MINION

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 3,82901

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: May 13, 2010

ORDER TIME : 9:57 AM

ORDER NO. : 382901-253

CUSTOMER NO: 7775081

CHANGE OF AGENT

NAME: WMPT PALMS WEST III MANAGEMENT, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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.

	LMS WEST III MANAGEMENT, L.L.C.
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Toledo, OH 43604
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Seagate, Suite 1500 Toledo, OH 43604
September 26, 2005	M05000005348
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida's office 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 article limited liability company. (Signature of a member or authorized representative of a member)	treet address of the registered office and the business
that after the change or changes are made, the Florida's office 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 article limited liability company.	treet address of the registered office and the business are case of a Florida limited liability company, it is

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