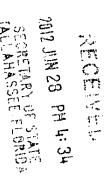
## M06000004035

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
: (Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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12 JUN 28 AM 4: 13
SECRETARY OF STATE

B. BOSTICK
JUN 29 2012
EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 26, 2012

ORDER TIME : 1:40 PM

ORDER NO. : 255473-004

CUSTOMER NO: 7736440

## CHANGE OF AGENT

NAME: AAC/MSN 24555, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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.

3		
1. Name of the limited liability company: AAC/MSN 245	555, L.L.C.	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	: 848 Brickell Avenue, Suite 500, Miami FL 33131	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	848 Brickell Avenue, Suite 500, Miami FL 33131	
07/20/2006	M0600004035	
3. Date of filing/registration in Florida	. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 S. Pine Island Road Plantation FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street RP 3	
MUST BE FLORIDA STREET ADDRESS	Tallahassee ,FL 32301	
If the limited liability company is not organized under the least that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  Maure Cather	t address of the registered office and the business use of a Florida limited liability company, it is an affirmative vote of the members of the limited	
(Signature of a member or authorized representative of a member)		
Maurcen Cathell, Authorized Person (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and ay comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.	
By: Such Wingst (Signature of Registered Agent) Corporation Service Company		
Division of Corporations, P.O. Box	6527, Tallahassee, FL 52514	

**FILING FEE: \$25.00**