MU700000 6549

(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:					





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B. KOHR

APR 2 4 2008

EXAMINER





ACCOUNT NO. : 072100000032

REFERENCE

527039

7454283

AUTHORIZATION XXXXII

COST LIMIT

ORDER DATE: April 13, 2008

ORDER TIME : 9:31 AM

ORDER NO. : 527039-480

CUSTOMER NO: 7454283

CHANGE OF AGENT

NAME:

BEHRINGER HARVARD REAL ESTATE

SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

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.

1. The name of the limited	l liability company is	BEHRING	GER HARVARD R	EAL ESTATE SERVICES, LL
2. The mailing address of				
_				
15601 Dallas Parkway	, Suite 600, Addis	SON, IA /		·
11/02/2007		M07000006549		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S		istered office	e address as shown	on the records of the
		rporation	System	_
	1200 5	Name	and Dood	
	1200 Sou	th Pine Isla Address	ina Road	. 35 08
Plantation, FL 33324				
		, State and 2		至22
6. The name and address o	f the new registered	agent and/or	office:	FILED OR APR 24 PH 1: 30 SECRETARY OF STATE TALLAHASSEE, FLORID
	Corporation	n Service (Company	Ps.
•	1201	Name Hays Stre	net .	98 30 SRIII
	Florida street addre			P
	i iorida street addre.	35 (1 .O. DOA	· · · · · ·	
	Tallahassee	FL	32301	
	City,	State and Zi	p	
If the limited liability com- confirmed that after the ch- and the business office of liability company, it is her- of the members of the lim- or the operating agreement	ange or changes are the registered agent we be confirmed that the ited liability compant of the limited liability.	made, the Fl will be identine change(s) y or as other ity company	orida street address	of the registered office
(Signature of a member or authorize	ed representative of a mem	iber)		
Maureen Cullen, Auth	orized Person		_	
(Printed or typed name of signee)				T.C. J
Their all	ntment as registered of all statutes relative accept the obligation is document is being that the limited liabil	agent and as ve to the pro ons of my pos g filed to men lity company	gree to act in this coper and complete paition as registered ely reflect a chang has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)	Elizabeth A. Daws	on, Asst. V	/P	

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

INHS18 (8/05)

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