

M09000001414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

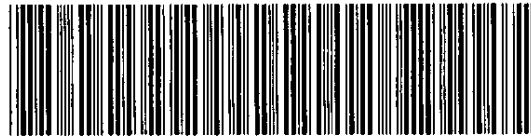
(Business Entity Name)

(Document Number)

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10 JUL 20 PM 12:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

JUL 20 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 449979 7266554

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 25.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 20 PM 12:50

ORDER DATE : July 16, 2010

ORDER TIME : 5:05 PM

ORDER NO. : 449979-032

CUSTOMER NO: 7266554

CHANGE OF AGENT

NAME: MP-APTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

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

DIVISION OF CORPORATIONS  
 JUL 10 2009  
 PH 12:58

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. Name of the limited liability company: MP-APTS, LLC
- 2. (a) Principal office address of limited liability company: 1500 Main Street  
 (Note: **MUST BE STREET ADDRESS**) Suite 2100  
Springfield, MA 01115
- (b) Mailing address of limited liability company: \_\_\_\_\_  
 (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

04/14/2009 M09000001414  
 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 S. Pine Island Rd.  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW 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 laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. *By: Massachusetts Mutual Life Insurance Company, Sole Member*  
*By: Cognestop Real Estate Advisors LLC, its Authorized Agent*

By: \_\_\_\_\_  
 (Signature of a member or authorized representative of a member)

C.J. Karbowitz, Its General Counsel and Secretary  
 (Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  
 Corporation Service Company

By: \_\_\_\_\_  
 (Signature of Registered Agent) Sylvia Queppet, Asst. VP

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