M1100005110

(Re	equestor's Name)	
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EXAMINER



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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE: 970294

4360443

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 6, 2011

ORDER TIME : 11:20 AM

ORDER NO. : 970294-220

CUSTOMER NO: 4360443

CHANGE OF AGENT

NAME: BRE MARINER LAKE ST. CHARLES

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

Pursuant to the provisions of sections 608.416 or 608. company submits the following statement in order to ci in the State of Florida.	508, Florida Statutes, th hange its registered offic	he undersigned limited liabilit ce or registered agent, or both	
1. Name of the limited liability company: BRE MARI	INER LAKE ST. CHAR	LES LLC 'C	
 (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 	any: 345 PARK AVENI NEW YORK, NY	ny: 345 PARK AVENUE NEW YORK, NY 10154	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	345 PARK AVENU NEW YORK, NY		
OCTOBER 12, 2011	M11000005110		
3. Date of filing/registration in Florida	4. Document number	r	
5. (a) Registered Agent and Registered Office shown of	on the records of the Flo	rida Dept. of State:	
Registered Agent:	NRAI SERVICES,	NRAI SERVICES, INC.	
Registered Office Address:		515 EAST PARK AVENUE TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address:	Corporation Service Company		
NEW Registered Agent: NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company.	reet address of the regist e case of a Florida limite	ered office and the business	
(Signature of a member of authorized representative of a member)			
Steven Siegel (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 am familiar with and accept the obligations of my positiff. S. Or, if this document is being filed to merely reflect confirm that the limited liability doubleant has been notified.	d agree to act in this cap proper and complete per ion as registered agent a a change in the register fied in writing of this cha	pacity. I further agree to rformance of my duties, and I s provided for in Chapter 608, ed office address, I hereby inge.	
(Signature of Registered Assart) Corporation Service Company			
Division of Corporations P.O. P.	low 6227 Tallahassan E	T 30214	

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

INHS18 (05/08)