

PO1000101086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

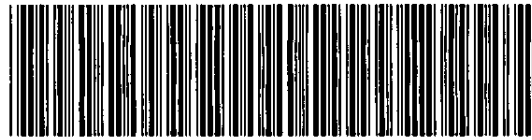
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800277826088

RECEIVED
15 OCT - 7 AM 6:23

RECEIVED
2015 OCT - 7 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 08 2015
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

FILED
15 OCT -7 AM 6:23

ACCOUNT NO. : I20000000195
REFERENCE : 822766 7594501
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : October 7, 2015
ORDER TIME : 9:18 AM
ORDER NO. : 822766-010
CUSTOMER NO: 7594501

CHANGE OF AGENT

NAME: SAVILLS STUDLEY OCCUPIER
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Savills Studley Occupier Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000101086

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Seidman
Name of Contact Person

Savills Studley Occupier Services
Firm/Company

399 Park Avenue, 11th Floor
Address

New York, NY 10022
City/State and Zip Code

aseidman@savills-studley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Seidman at (212) 326-1018
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15 OCT -7 AM 6:23
MID

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Savills Studley Occupier Services, Inc.
2. The principal office address: 3000 Bayport Drive, Suite 150, Tampa, Florida, 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/2001 Document number: P01000101086
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ann W. Duncan

3000 Bayport Drive, Suite 150, Tampa, Florida 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

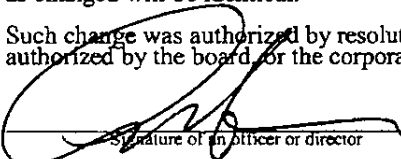
Tallahassee

FL 32301

15 OCT -7 AM 6:23

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Andrew P. Seidman
Senior Vice President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: _____

Signature of Registered Agent

10.07.15

Date

If signing on behalf of an entity:

Courtney Williams

Asst. Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314