M05000003725

(Re	questor's Name)	
(Ad	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Firing Officer:	

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SECRETARY OF STATE
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DIVISION OF CORPORATION



ACCOUNT N	io. :	07210000	0032	
REFEREN	CE:	940151	5161288	
AUTHORIZATI	ON:			
COST LIM	IT Æ	Special	enan	
ORDER DATE: March 24, 200	6			
ORDER TIME : 9:45 AM				
ORDER NO. : 940151-470				S S T
CUSTOMER NO: 5161288				ECRETA
<u>CHANGE O</u>	·	<u>T</u>	~~~~	PH 2: 39
NAME: 150 EAST P.	ALMETT	O, LEC		
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FI	GING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				÷
CONTACT PERSON: Heather Ch.	apman			
	EXAMI	NER'S INIT	TIALS:	

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.

The name of the limited liability company is: 150 EAST PALMETTO, LLC	
2. The mailing address of the limited liability company is:	
c/o Clarion Partners, LLC, 230 Park Avenue, 12th Floor, New York, NY 10028	<u> </u>
07/06/2005 M0\$000003725	··
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office:	e
CT Corporation System	11
Name	-
1200 South Pine Island Road	FILE
Address	
Plantation, FL 33324	2
City, State and Zip	•
6. The name and address of the new registered agent and/or office:	>
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	
City, State and Zip	
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 of 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 of the members of the limited liability company or as otherwise provided in the articles of organiz or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	l vote
Maureen Cullen, Attorney in Fact	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further as comply with the provisions of all statutes relative to the proper and complete performance of my dand I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered of address, I hereby confirm that the limited liability company has been notified in writing of this change.	ree to uties, or in ffice inge.
(Signature of Registered Agent)	
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	
FILING FEE: \$25.00	