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SECRETARY OF STATE
ANASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
·		
SUBJECT: A-Loop, LLC		
(Name of Lir	mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Lexi Moriarty		
(Name of Person)		
·		
AEW Capital Management, L.P.  (Firm/Company)	_ <del></del>	
World Trade Center East, 2 Seaport Lane		
(Address)		
Boston, MA 02210		
(City/State and Zip Code)		
For forther information appearing this matter of	lange cells	
For further information concerning this matter, pl	lease carr.	
Lexi Moriarty at (	( 617 ) 261-9555	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following an	nount:	
	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)		

## 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. Name of the limited liability company: A-Loop, LLC	·
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: c/o AEW Capital Management, L.P.  World Trade Center East, 2 Seaport Lane Boston, MA 02210
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o AEW Capital Management, L.P. World Trade Center East, 2 Seaport Lane Boston, MA 02210
March 3, 2006 3. Date of filing/registration in Florida	M06000001302 4. Document number
-5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	CFRA, LLC CGRA
. Registered Office Address:	Corporate Center Three at International Plaza  4221 W. Boy Scout Blvd., Suite 1000  Tampa, FL 33607
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office address: STATE 37
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation ,FL 33324
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a member or authorized representative of a member)	street address of the registered office and the business he case of a Florida limited liability company, it is zed by an affirmative vote of the members of the limited
Panela Herbst (Printed or typed name of signee)	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not the limited liability company has been not that the limited liability company has been not the limited liability company has been not that the limited liability company has been not the limited liability company has been not that the limited liability company has been not than the limited liability company has been not that the limited liability company has been not than the limited liability company has been not the liability company has been not than the limited liability company has been not than the liability company has been not than the liability company has been not the liability of the liability	and agree to act in this capacity. I further agree to e proper and complete performance of my duties, and I ition as registered agent as provided for in Chapter 608, ct a change in the registered office address, I hereby tified in writing of this change. WI SECRETARY

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