

AU30VVUU00357

(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

B. KOHR

OCT - 5 2011

EXAMINER



300210526073

RECEIVED  
11 OCT - 5 PM 1:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT - 5 PM 2:34



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 932455 7478449

AUTHORIZATION

*Spuddelean*

COST LIMIT : \$35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT -5 PM 2:34

ORDER DATE : October 3, 2011

ORDER TIME : 9:58 AM

ORDER NO. : 932455-020

CUSTOMER NO: 7478449

CHANGE OF AGENT

NAME: MIAMI PROPERTY GROUP, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MIAMI PROPERTY GROUP, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/05/2003

Date of filing/registration in Florida

3. A03000000357

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

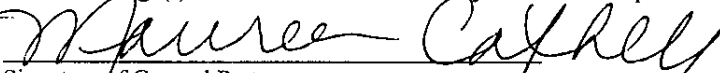
1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner

Maureen Cathell, Authorized Person on behalf of CDT OPA LOCKA GP LLC - General Partner

*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.*

Corporation Service Company

By: 

Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT -5 PM 2:34