

B09000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

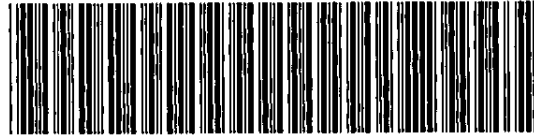
(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE
TAMMISSE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 440858 4716326

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 35.00

ORDER DATE : December 3, 2012

ORDER TIME : 9:52 AM

ORDER NO. : 440858-020

CUSTOMER NO: 4716326

CHANGE OF AGENT

NAME: BREOF BNK3A INDEPENDENCE LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREOF BNK3A INDEPENDENCE LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B09000000187

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

Please return all correspondence concerning this matter to:

Joyce Peress

Contact Person

W.P. Carey Inc.

Firm/Company

50 Rockefeller Plaza, 2nd Floor

Address

New York, NY 10020

City, State and Zip Code

jperess@wpcarey.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Peress

Name of Contact Person

at (212)

492-8985

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. BREOF BNK3A INDEPENDENCE LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/08/2009 3. B09000000187
Date of filing/registration in Florida Florida document number

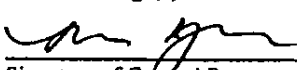
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION
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

By: JPTAMPA MANAGEMENT (FL) LLC
By: CPA: 17 Limited Partnership, a Delaware limited partnership and its sole member
By: CORPORATE PROPERTY ASSOCIATES 17 - GLOBAL INCORPORATED, a Maryland corporation and its general partner
By: Nellie Yan, Vice President

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

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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