B12 WWW0118

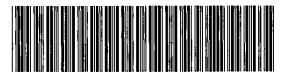
	(Requestor's Name)
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PICK-U	P WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only

B. KOHR

OCT 1 7 2012

EXAMINER



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION c

COST LIMIT

ORDER DATE: October 15, 2012

ORDER TIME : 12:03 PM

ORDER NO. : 381491-004

CUSTOMER NO: 7903718

CHANGE OF AGENT

NAME: CSP OPERATING PARTNERSHIP, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

1	
•	
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.	Sec. 10 A
1. CSP OPERATING PARTNERSHIP, LP	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. 06/06/2012 3. B12000000118	
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 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. Maure Citles	
Signature of General Partner Maurcen Cathell, Vice President on behalf of Chambers Street Properties, 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 an accept the obligations of my position as registered agent. Service Company Signature of Registered Agent Sarah Wright, Asst. Vice President	
Filing Fee: \$35.00	

Certified Copy (optional): \$52.50