

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

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: (850)878~5926

REGISTERED AGENT CHANGE

COLE WG ELLENTON FL DST

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR TRUSTS

statement of	change is submitted for a	trust organized und	508, or 617.1508, Florida Stat ler the laws of the State of Del	aware	
in o	raer to change its registere	d office or registered age	nt, or both, in the State of Flor	rida,	
1. The name	of the corporation: Cole Wo	5 Ellenton FL DST			
2. The princip	pal office address: 2555 E.	Camelback Rd., Ste. 400	Phoenix, AZ 85016		
3. The mailin	g address (if different):			<u> </u>	
4. Date of inc	corporation/qualification: 0	3/14/2007 Do	ocument number: D070000000)04	
	and street address of the cu partment of State:	rrent registered agent and	registered office on file with t	he	
	NRAI Services, Inc.	·			
	2731 Executive Park Dr	ive, Suito 4			
	Weston FL 33331			SE(
6. The name (if change)		w registered agent (if char	nged) and /or registered office	MAR I PRE TA	4125 4135 4135
		C T Corporation System	T	2 AM RY OF SSEE.	9
	c/a C T Corp	oration System, 1200 Sout	h Pine Island Road	£ . 9	F. 100
	(P.O	. Box NOT ecceptable)		SZ 2	,
		Plantation, Florida 333	24	TE TO A	
			of the business office of its r		, ••
Such change authorized by	was authorized by resoluty the board, or the corpora	don duly adopted by its thin has been notified in	board of directors or by an of writing of the change.		
6	3		Todd J. Weiss, Vice President		
I hereby acc I further agr of my duties, document is	paiws of all order of arctor) ept the appointment as reg ee to comply with the prov and I am familiar with a being filed merely to refle has been notified in writin C T Corporation System	ig of this change.	(Finand or typed thank and title to act in this capacity, ative to the proper and comp of my position as registered of erea office address, I hereby		ce is ie
By: MA	a meta	March	h 11, 2008		
If signing on	(Signature of Registered Agent) behalf of an entity:	Maria Ozaeta Vice President	(Date)		
	ouity Fund Advisors, Inc.				
	(Typed or Printed Name)				
		* * * WILING FEE: \$35	.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Talliahassee, FL 32314 CR2E045 (8/05)

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