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WISHON OF SCREPERATION

R.A. Charge

C Goddlette JUN 2 1 2007



ACCOUNT NO. : 072100000032					
REFERENCE : 958195 4370110					
AUTHORIZATION :					
COST LIMIT : \$/3,5.00					
ORDER DATE: June 20, 2007					
ORDER TIME : 10:36 AM					
ORDER NO. : 958195-040					
CUSTOMER NO: 4370110					
CHANGE OF AGENT					
NAME: DEARBORN TENANT CORP.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY .					
CONTACT PERSON: Heather Chapman					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	ted under the laws of the State of Delay	
	he corporation: DEARBORN TEN	•	
2. The principal	office address: 420 S. Orange Aver	nue Suite 700	
Orlando,		,	
	ddress (if different): P.O. Box 2226	Orlando, FL 32802	
4. Date of incorp	poration/qualification: 08/26/2003	Document number: F03000042	277
5. The name and	street address of the current registered ag tment of State:	ent and registered office on file with the	
	Stephanie J. Thomas		
	420 S. Orange Avenue, Suite 7	00	
	Orlando, FL 32801		O7 .
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	07 JUN 21 F SECRETARY TALLAHASSE
	Corporation Service Company	,	EF 3
	1201 Hays Street		PH 3: 00 Y OF STATE SEE, FLORIE
	(P.O. Box NOT acceptable)	,	OF OF
	Tallahassee, FL 32301		
The street addreas changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered agent,
Such change was authorized by the	as authorized by resolution duly adopted the board for the corporation has been not	by its board of directors or by an office ified in writing of the change. David J. Kimichik	r so
(Signati	re of an officer or director)	President (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this firm that the
By: 06/12/2007			
(Sig	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	Opet, Asst. VP		
(* * * FILING FE.	E: \$35.00 * * *	

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