

F0500004958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

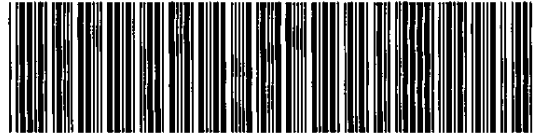
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAY -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
change
[Signature]

5/20/9

PREMIER
CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007

Chicago, IL 60606

(312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

May 1, 2009

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
P.O. Box 6327
Tallahassee, FL 32314

**RE: All Children's Medical Office Building LP
BSB Health/MOB LP No. 2
Cogdell Spencer, Inc.
Shannon Health/MOB LP No. 1**

Dear Sir or Madam:

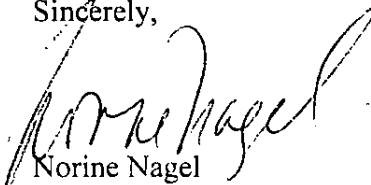
Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also, enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,



Norine Nagel

NN/smc.
Encl.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MD _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cogdell Spencer Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/23/2005 Document number: F05000004958
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

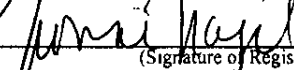
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Charles M. Handy-Executive Vice President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.


(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Norine Nagel-Assistant Secretary

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****