

F06000007023

(Requestor's Name)

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TALLAHASSEE, FLORIDA

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AND  
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R.A. Charge

G. Coullatte AUG 23 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 065357 4360443

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : August 22, 2007

ORDER TIME : 10:37 AM

ORDER NO. : 065357-095

CUSTOMER NO: 4360443

CHANGE OF AGENT

NAME: CENTRO WCJV GP, INC.

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**

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CENTRO WCJV GP, INC.
2. The principal office address: 2716 Ocean Park Boulevard, Suite 3000, Santa Monica, CA 90405
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 8, 2006 Document number: F06000007023
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capitol Corporate Services Inc

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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.

Maureen Cullen  
(Signature of an officer or director)

Maureen Cullen, Attorney In Fact

(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.*

By: Michelle R. Vannoy  
(Signature of Registered Agent)

Aug. 21 2007  
(Date)

If signing on behalf of an entity:

Michelle R. Vannoy, Asst. Vice President

(Typed or Printed Name)

\*\*\* FILING FEE: \$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)

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