## L02000031292

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ACCOUNT NO. : 072100000032

REFERENCE: 054309 4500665

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 17, 2003

ORDER TIME : 5:25 PM

ORDER NO. : 054309-475

CUSTOMER NO: 4500665

CUSTOMER: Ms. Erin B. Martin

Morgan, Lewis & Bockius Llp

1701 Market Street

Philadelphia, PA 19103-2921

## CHANGE OF AGENT

NAME: FIRST STATES INVESTORS 3002,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•					
1. The name of the limited li	ability company is:	FIRST STA	TES INVESTORS	3002, LLC	<del>.</del>
2. The mailing address of the	limited liability co	ompany is : _			•
1725 The Fairway, Jer	nkintown, PA 19	046		· ·	
		,		<del></del>	
November 21, 2002	<del></del> :	*	L02000031292	<u> </u>	
3. Date of filing/registration	in Florida		4. Document nu	mber	
5. The name of the registered Florida Department of Stat		stered office a	ddress as shown	on the records of the	
	C T Corp	poration Sy	stem	_ ;	
	·	Name			
	1200 South	Pine Islar	nd Road	_	
·		Address		100 SB	
		ion, FL 33 State and Zip		- A 3 4 1	
	• •	•	•	至	•
6. The name and address of the	ne new registered a	gent and/or or	ffice:	200 7 6	٦
	Corporation	n Service C	Company	NAMASSEE,	3
	•="	Name		FLOORA 9:	•
_	1201 1	Hays Street	<del></del>	0R 33	
· F	lorida street addres	s (P.O. Box N	NOT acceptable)	五景	
	Tallahassee	FL	32301	<u>.</u> The second second	
	City, S	State and Zip			
If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lift the operating agreement of the (Signature of a member or authorized	ge or changes are n registered agent w confirmed that the ability company or e limited liability c	nade, the Florill be identical change(s) was otherwise company.	ida street address il. Or, in the case as/were authorize	of the registered office of a Florida limited ed by an affirmative v	ote of
(		,			
Maureen Cullen, Authori (Printed or typed name of signee)			······································		
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm tha				apacity. I further agr performance of my du agent as provided for e in the registered off in writing of this chan	ee to ties, in ice ge.
(Signature of Registered Agent) Syl			i en		••
(218ustateon Kegisteled Agon) SAI	via Queppet, As:	sistant Vic	e President		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00