

L04000086896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

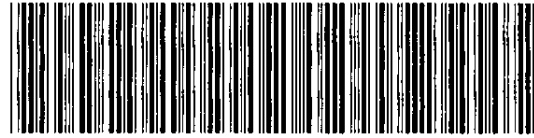
(Business Entity Name)

(Document Number)

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09 NOV -4 PM 4:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

NOV 5 2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 NOV -4 AM 9:21

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 NOV -4 AM 9:21

CONTACT: MICHELE HOLDEN

DATE: 11/4/09

REF. #: RA0655.113469

CORP. NAME: OLD POST OFFICE CONDO TOWER LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                                 | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT   | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                                     | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT   | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                               |   |  |
| <input checked="" type="checkbox"/> OTHER: STATEMENT OF CHANGE OF REGISTERED AGENT |   |  |

STATE FEES PREPAID WITH CHECK# 532474 FOR \$ \$25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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.

FILED STATE SECRETARY OF CORPORATIONS 09 NOV 21 AM 9:21 DIVISION OF CORPORATIONS

1. Name of the limited liability company: OLD POST OFFICE CONDO TOWER LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS) 3333 S. BANNOCK ST. STE 950 ENGLEWOOD CO 80110

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX) 3333 S. BANNOCK ST. STE 950 ENGLEWOOD CO 80110

3. Date of filing/registration in Florida 12/02/2004 4. Document number L04000086896

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 2731 EXECUTIVE PARK DRIVE SUITE WESTON FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CORPDIRECT AGENTS, INC.

NEW Registered Office Address: 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 (MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Thomas H. Morgan Signature of a member or authorized representative of a member

THOMAS H. MORGAN Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nichole Holden, Asst. Sec. Signature of Registered Agent

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