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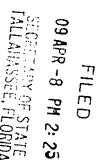
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B. KOHR

APR - 8 2009

EXAMINER





ON SERVICE COMPANY.				
	ACCOUNT NO.	:	072100000032	
	REFERENCE	:	939374 7697632	
	AUTHORIZATION	:	Spell de man	و بر
	COST LIMIT	:	939374 7697632 \$ 25.00	OO FRR
ORDER DATE : A	April 8, 2009			LED 2: 25
ORDER TIME :	0:02 AM			2:2
ORDER NO. : 9	39374-039			ORIO I
CUSTOMER NO:	7697632			,
NAME:	CHANGE OF A			
CERTIFI	THE FOLLOWING AS TED COPY TAMPED COPY	PR	OOF OF FILING:	
CONTACT PERSON:	Carina L. Dun	lap	EXT# 2951	
			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. Name of the limited	liability company: _	3800 NE 2 A	VE, LLC	
	address of limited lia BE STREET ADDR		: _1155 21st Street N _Suite M400 _Washington, DC_20	1 6 3 7
	of limited liability con the property of the p		1155 21st Street N Suite M400 Washington, DC 20	<u>~ ~~~~</u>
01/20/2006			L06000007190	ALC:
3. Date of filing/registr	ration in Florida	-	4. Document number	, the same of the
5. (a) Registered Age	nt and Registered Of	fice shown on t	he records of the Florida	Dept. of State:
Registered Age	nt:		Jan A. Yelen	
Registered Offi	ce Address:		1104 Ponce De Lion Coral Gables, FL 33	Boulevard 3134
(b) Enter name of N	NEW Registered Age	ent and/or NEV	V Registered Office add	iress:
<u>NEW</u> Registere	ed Agent:		Corporation Service	Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		D D D D D D	1201 Hays Street	
		<u>IUKESS)</u>	Tallahassee	,FL 32301
that after the change or office of the registered	changes are made, the agent will be identical he change(s) was/were otherwise provided in the change was a constant of the change wa	e Florida street il. Or, in the care authorized but the articles of	t address of the registered use of a Florida limited lia	la, it is hereby confirmed doffice and the business ability company, it is he members of the limited rating agreement of the
Maureen Cullen, Au (Printed or typed name of sign	ee)	<u></u>	-	
I hereby accept the app comply with the provisi am familiar with and ac F.S. Or, if this docume confirm that the limited by: (Signature of Registered Agen	-X. 11. OUNTOWN	<i>)</i> = \		ty. I further agree to mance of my duties, and I ovided for in Chapter 608, iffice address, I hereby

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