L09VUVU96849

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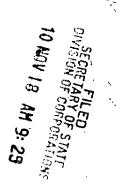


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EXAMINER





ON SERVICE COMPANY.					.2.
	ACCOUNT NO.	:	1200000	00195	6
	REFERENCE	:	573942	7804548	10 May
	AUTHORIZATION	:			60
	COST LIMIT	:	\$25.00	Laubblen	and "
ORDER DATE :	November 11, 201	0		Spubblen	
ORDER TIME :	3:34 PM				
ORDER NO. :	573942-015				
CUSTOMER NO:	7804548				
	CHANGE OF A	 GEN'	<u>r</u>		
NAME:	250PAS AT TAM	ARA	C, LLC		
	THE FOLLOWING AS FIED COPY STAMPED COPY	PRO	OOF OF FI	LING:	

EXAMINER:

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

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: 250PAS AT	TAMARAC, LLC		
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 420 Lexington Ave 19th Floor, Suite 1900 New York NY 10170		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
10/07/2009	L09000096849		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Kenneth P Wurtenberger, Esq.		
Registered Office Address:	Adorno & Yates LLP 350 E Las Olas Blvd, Suite 1700 Ft Lauderdale FL 33301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:		
NEW Registered Agent:	Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
(MUST BE TEURIDA STREET ADDRESS)	Tallahassee ,FL 32301		
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member of anthorized representative of a member)	t address of the registered office and the business		
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member of authorized representative of a member) Blanca Lozada, Authorized Person (Printed or typed name of signce)	t address of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the		
that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the capereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member of anthorized representative of a member) Blanca Lozada, Authorized Person	t address of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the		

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