## L09000099648

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
ラソッ (Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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B. BOSTICK

SEP - 4 2012

**EXAMINER** 



	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	3317187 7794684			
	AUTHORIZATION	:	Spullelena	~		
	COST LIMIT	:	\$ 25.00			
ORDER DATE :	August 30, 2012					
ORDER TIME :	4:01 PM					
ORDER NO. :	331718-014					
CUSTOMER NO:	7794684					
PLEASE RETURN	CHANGE OF A  GECMC 2007-C1  DRIVE, LLC  THE FOLLOWING AS FIED COPY  STAMPED COPY	PR	UDENTIAL	SECRETARY OF STATE, FACLAHASSEE, FLORIDA	12 AUG 31 AM 10: 17	
CONTACT PERSON	N: Susie Knight		EXT# 2956  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. Nai	me of the limited liability company: GECMC 2007-	CI PRUDENTIAL DRIVE, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1601 Washington Avenue, Suit c/o LNR Partners, Inc. Miami Beach, FL 33139	e 800	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
Octol	per 15, 2009	L09000099648		
3. Dat	te of filing/registration in Florida	l. Document number		
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of	f State:	
	Registered Agent:	C T Corporation System		
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	12 AUG SECILL TACLLAH	***
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Corporation Service Company				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street  Tallahassee FI	32301	
that aft office hereby liabilit limited /s/ Stev	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the care confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  Yen P. Altman  The of a member or authorized representative of a member)	address of the registered office a se of a Florida limited liability co an affirmative vote of the meml	and the busine ompany, it is bers of the lim	ss iited
(Signatui				
	n P. Altman, Authorized Person or typed name of signee)			
<u>~,~~</u>	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my position of my position of this document is being filed to merely reflect a continuous the limited liability company has been notified as a liability company has been notified as a liability of the liability of the liability company has been notified as a liability of the	nt vice President		nd I 608,
(Signatu	re of Registered Agent) Corporation Service Company S	ylvia Queppet, Assistant Vice Pr	resident	

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