## L0900011725

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| PICK-U            | P           | ☐ WAIT        |             | MAIL        |
|                   | (Busi       | ness Entity N | ame)        | <del></del> |
| (Document Number) |             |               |             |             |
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Special Instructions to Filing Officer:

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MAR 25. 2011

**EXAMINER** 

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## **COVER LETTER**

| TO: Registration Section Division of Corporations          |   |  |
|--|---|--|
| •  |   |  |
| SUBJECT: CRS MARQUESA PLAZA, 1                             | LLC   |  |
| Name of Lin  | nited Liability Company                         |  |
| Dan Sir - M-J  |   |  |
| Dear Sir or Madam:   |   |  |
| The enclosed Registered Agent/Registered Offi              | ice Change and fee(s) are submitted for filing. |  |
| Please return all correspondence concerning this           | is matter to the following:                     |  |
|  |   |  |
|  |   |  |
| David K. Fowler  |   |  |
| Name of Person   |   |  |
|  |   |  |
| Henderson, Franklin, Starnes & H                           | Holt, P.A.                                      |  |
| Firm/Company   | <del></del>                                     |  |
|  |   |  |
| 1648 Periwinkle Way, Suite B                               |   |  |
| Address  |   |  |
|  |   |  |
| Sanibel, FL 33957  |   |  |
| City/State and Zip Code                                    | <del></del>                                     |  |
| 2.13, 2.1112 2.14 2.14                                     |   |  |
| david.fowler@henlaw.com                                    |   |  |
| E-mail address: (to be used for future annual report notif | ication)  |  |
| For further information congaming this metter.             | where well.                                     |  |
| For further information concerning this matter,            | please call:                                    |  |
|  |   |  |
|  | t ( <u>239</u> ) <u>344–1353</u>                |  |
| Name of Person   | Area Code & Daytime Telephone Number            |  |
| STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:                                |  |
| Registration Section                                       | Registration Section                            |  |
| Division of Corporations                                   | Division of Corporations                        |  |
| Clifton Building   | P.O. Box 6327                                   |  |
| 2661 Executive Center Circle                               | Tallahassee, Florida 32314                      |  |
| Tallahassee, Florida 32301                                 |   |  |
| Enclosed is a check for the following a                    | amount:   |  |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy                |  |

## 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:CRS_MARQUI  | ESA PLAZA, LLC   |  |  |
|--|--|--|--|
| 2. (a) Principal office address of limited liability company   |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | 1427 Clarkview Road, Suite 500<br>Baltimore, MD 21209  |  |  |
| (b) Mailing address of limited liability company:  | Same as above  |  |  |
| (Note: MAY BE POST OFFICE BOX)   |  |  |  |
| 11/19/2009   | L09000111725   |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on the   | he records of the Florida Dept. of State:  |  |  |
| Registered Agent:  | Brett D. Forman  |  |  |
| Registered Office Address:   | 75 NE 6th Ave., Suite 101 Delray Beach, FL 33483   |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>  | David K. Fowler  Henderson, Franklin, Starnes & Holt, Pa   |  |  |
| (MUST BE FLORIDA STREET ADDRESS)   | 1648 Periwinkle Way, Suite B<br>   |  |  |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization |  |  |
| Signature of a member or authorized representative of a member   | 11 MAR SECRE   |  |  |
| Printed or typed name of signee  | ASA 2 P  |  |  |
| I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my post Chapter 60%, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company  | ree to act in this capacity. <b>Elio</b> tther agree to  |  |  |
| Signature of Registered Agent  |  |  |  |