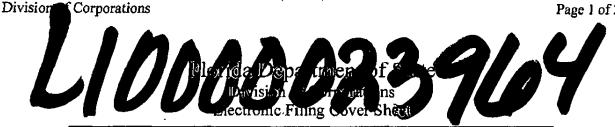
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browse	r fro	m this
page. Doing so will generate another cover sheet.	F.	, 2 <b>3</b>
	بت	===

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC REGISTERED AGENT CHANGE ANDERSON THAYER INVESTORS LLC

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$25.00

Electronic Filing Menu

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Help

10/29/2015 4:55:41 PM From: To: 8506176383( 2/3 )

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Name	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Name of Person	<del></del>	
Firm/Company		
Address		SECRETARY TALLAHASSE
City/State and Zip Code		ARY OF SIA
E-mail address: (to be used for future annu- For further information concerning this matter, p		IATE ORIDA
	at ( )	na Number
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telepho MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ile indudet
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: ANDERSON TH.	AYER INVESTORS,	LLC	
2. (a)	121 W LONG LAKE ROAD	(b) 121 W LONG LAKE ROAD		
( <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	—	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3RD FLOOR	3RD FLO	OR	
•	BLOOMFILED HILLS, MI 48304	BLOOMF	ILED HILLS, MI 48304	
	03/03/2010	L100000239	964	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NRAI SERVICES, INC			
υ ( <u>υ</u>	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State	SEC 215	
Registed Office Address (INDST RE FLORIDA STREET, ADDRESS)				
	1200 South Pine Island Road		TAR 2	
	Plantation,	3324	SEX PA	
<b>(</b> b)	C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	A ID: 52 A ID: 52 FLORIDA	
	NEW Registered Office Address:		•	
	1200 South Pine Island Road			
	Plantation , FL	33324		
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law.	the registered office bility company, it is f the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
-	ture of a member or authorized representative of a member		Printed or typed name of signee	
By:	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change imporation System  Return of Registered Agent	ee to act in this cape performance of my d I for in Chapter 605, ereby confirm that t pecca Barth, Ass	ncity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been istant Secretary	

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