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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.

Name of the limited liability company: FLAGLER BROKERAGE AND MANAGEMENT SERVICES LLC				
2. (a)		(b)		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) C/O FECI P.O. BOX 164739 MIAMI, FL 33116	
	C/O FECI 350 NW 1ST AVE, STE 200	С		
	MIAMI, FL 33128			
	03/14/2012	L1:	L12000036584	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	COBB, KOLLEEN O.P.			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 350 NW 1ST AVE, STE 200	ADDRESS)	2024 NOV 25 AM 11: 50 SECRETARY OF STATE TALL ATTISSEE FITTERS	
(b)	MIAMI , F	L_33128	33128 PILED	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee F	L_32301		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of iability composition	office and the business office of the registered any, it is hereby confirmed that the change(s) at liability company or as otherwise provided in	
/s	/ Kollgen Cobb	Kolleer	n Cobb, Authorized Person	
	ature of a member or authorized representative of a member	-	Printed or typed name of signee	
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in a performance ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	:/ Grace E. Kirby	<u>Gra</u>	ce E. Kirby, Asst Vice President	
Signa	ture of Registered Agent			