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From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215) 563-8113

: (215)977-9386 Fax Number

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

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M BURR KEIM CO (((H130001757853))).

## 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. N	lan	ne of the limited liability company: DOEL INVESTMENT	suc
2. (ε	a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	1629 JFK Boulevard, Suite 2200 Philadelphia, PA 19109
(l	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1828 JFK Boulevard, Suite 2200 Philadelphia, PA 19103
		72, 2013	L13000022474
3. D	ate	e of filing/registration in Florida	Document number
5. (	a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	W. Bradley Munroe, Esquire
		Registered Office Address:	239 East Virginia Street
			Tallahassee, FL 32301
(b	<b>)</b> ]	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	32 <b>3</b> 6
		NEW Registered Agent:	Es Gabay
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2312 Madison Street
		MOST BETEGRIDA STREET ADDRESS	Hollywood FL 33020
confi and the liabil the m the o	irm he lity nen per	mited liability company is not organized under the la ned that after the change or changes are made, the Flo business office of the registered agent will be identicy company, it is hereby confirmed that the change(s) in the limited liability company or as otherwise rating agreement of the limited liability company.  of a member or authorized representative of a member	rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
·		2.5	
Et Ga Printo		r typed name of signee	
I her comp and I Chap addre	reb oly [ ai ote: ess	y accept the appointment as registered agent and ag with the provisions of all statutes relative to the proj m familiar with and accept the obligations of my post r 608 J.S. Or, if this document is being filed to mere s dereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signat	ture	of Registered Agent	6 (F) 11 h Tef 20214

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

INHS18 (05/08)