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(Requestor's Name)					
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(Document Number)					
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OCT 10 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ben Beaver bbeaver@cscinfo.com

Date: September 29, 2014

Order#: 301152/010

Re: WBCMT 2007-C33 CENTRAL AVENUE LIVING, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ben Beaver

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.	Name of the limited liability company: WBCMT 2007-C33 CENTRAL AVENUE LIVING, LLC			
2.	(a)	701 Brickell Avenue	(b)	701 Brickell Avenue
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Suite 2200	<del></del>	Suite 2200
		Miami FL 33131		Miami, FL 33131
		03/05/2013		L13000033709
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CT Corporation System		
	` '	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:
		1200South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
				, grade was
		Plantation , F	L 33324	
				CONTRACT CON
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addı	ress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , F	L 32301	
the ag	e cha ent v as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regist iability cor of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		026 2	Dona	Priebe, Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agens ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, It is writing of this change	ree to act i e performa ed for in Ci hereby coi	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Syl	lvia Queppet, Assistant Vice President

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