

1700000000399 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

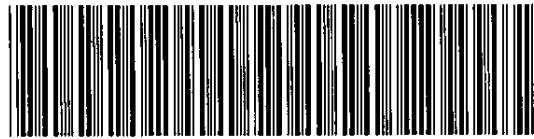
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/08/12--01027--022 \*\*25.00

RECEIVED FILED  
12 JUN -8 PM 3:21 12 JUN -8 AM 11:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 11 2012  
EXAMINER



CT Corporation

515 East Park Avenue  
Tallahassee, FL

850 222 1092 tel  
850 222 7615 fax  
www.ctcorporation.com

June 8, 2012

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 8483762 SO  
Customer Reference 1: 1511125  
Customer Reference 2: 0013

Dear Department of State, Florida:

Please obtain the following:

SCOA MIAMI CENTER LLC (DE)  
New Name: New Name: CP Miami Center LLC  
Change of Agent  
Florida

**File 2nd**

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

Connie Bryan  
Assistant Secretary

12 JUN -9 AM 11:18  
TALLAHASSEE, FLORIDA

**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: CP MIAMI CENTER LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

225 N.E. Mizner Blvd., Suite 200  
Boca Raton, FL 33432

02/28/2000  
3. Date of filing/registration in Florida

M00000000399  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Ryan Companies, US, Inc.

Registered Office Address: 201 S. Biscayne Blvd., Suite 900  
Miami, FL 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** C T Corporation System

**NEW Registered Office Address:** 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)**

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Todd J. Amara  
Signature of a member or authorized representative of a member

Todd J. Amara  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Connie Bryan  
Signature of Registered Agent

Connie Bryan  
Assistant Secretary

Division of Corporations, P.O. Box 1227, Tallahassee, FL 32314

FILING FEE: \$25.00