Division of Corp

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INVISION OF CORPORATION

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

SMITH PROPERTY HOLDINGS SOUTH BEACH TOWERS L.L.C.

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

Pursuant to the provisi liability company subm agent, or both, in the Sa	ions of sections its the following ete of Florida.	608.416 or 608.508, Florid statement in order to chan	da Statutes, the undersigned limited ge its registered office or registered
•		pany is: Smith Property Holdin	igs South Beach Towers L.L.C.
•			
2. The mailing address	of the minised ha	BILITY COMPANY IS: 3200 EF	anorama Circle, Englawood, CO 80112
· ·			
# min ren m#		m	000000401
3. Date of filing/registr	ation in Florida		ument number
2. Date or minklicking	WIGH HE LIGHTER	7. DU	entrate Hermon
5. The name of the regis	stered agent and t	the registered office address	as shown on the records of the
Florida Department o	f State:	•	72 C
	Corporation Ser		
		Name	至 型
	1201 Hays Street		TAR. 8
		Address	. 507
	Talinhassee, FL		
•		City, State and Zip	AM ID:
6. The name and addres	s of the new regi	stered agent and/or office:	ECRETARY OF STATE LLAHASSEE, FI ORIDA
3	CT Corporation	System	
		Name	
-	- 1200 South Pine		
	Florida street	t address (P.O. Box NOT ac	ceptable)
	W	**** **********************************	
	Plantation	FL 33324	
		City, State and Zip	
confirmed that after the and the business office the liability company, it is h	change or change of the registered a ereby confirmed ted liability composition of the limited liability.	es are made, the Florida stre agent will be identical. Or, i that the change(s) was/were pany or as otherwise provide ability company.	e State of Florida, it is hereby et address of the registered office in the case of a Florida limited authorized by an affirmative vote of in the articles of organization or
Christen Vinnols, Vice Presi (Printed or typed name of signs			
comply with the provision and I am familiar with a	ons of all statutes and accept the ob this document is that the limited	relative to the proper and o ligations of my position as r	t in this capacity. I further agree to omplete performance of my duties, egistered agent as provided for in t a change in the registered office notified in writing of this change.
· .	,	ions, P.O. Box 6327, Tulial	RESCO. FL 32314
IN(SIR(10/99)		FILING FEE: \$25.00	, , ,

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