

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850) 205-0380

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 : (302)531-0855 Phone Fax Number

: (866)223-0765

REGISTERED AGENT CHANGE

HIGHWOODS DLF II, LLC

Certificate of Status	0
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LS

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Sep. 11. 2007 2:10PM

Incorporating Services, LTD.

No. 5523 P. 2

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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 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. The name of the limited liability company is: HIGHWOODS DLF II. LLC
- 2. The mailing address of the limited liability company is : 3100 SMOKETREE COURT, SUITE 600

RALEIGH NC 27604

04/07/2000

M00000000685

3. Date of filing/registration in Florida

- 4. Document number
- 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324 US

City, State and Zip

6. The name and address of the new registered agent and/or office:

INCORPORATING SERVICES, LTD.

Name

1540 GLENWAY DRIVE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE

FL 32301

City, State and Zip

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 inembers of the limited liability company or as otherwise provided in the articles of organization or the preraping agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Jeffrey D. Miller

(Printed or typed name of signes)

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 508, 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.

GIVEN E, STUDIT, ASSISTANT SECRETARY

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

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