

11000000001786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

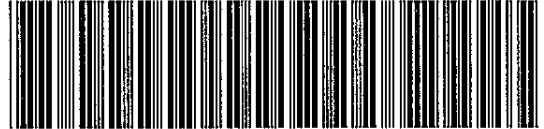
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300041002333

FILED

04 OCT -1 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT -1 PM 3:13

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BR*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 900444 5168766

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED  
04 OCT - 1 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 24, 2004

ORDER TIME : 1:21 PM

ORDER NO. : 900444-025

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.  
Greystone & Co., Inc.  
60th Floor  
152 West 57th Street  
New York, NY 10019

CHANGE OF AGENT

NAME: 587 BARTON BLVD., L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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: 587 Barton Blvd., L.L.C.
2. The mailing address of the limited liability company is: c/o Greystone & Co., Inc.  
152 West 57<sup>th</sup> Street, 60<sup>th</sup> Floor, New York, NY 10019

09/01/00 M00000001786  
3. Date of filing/registration in Florida 4. Document number

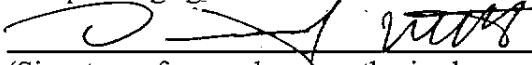
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

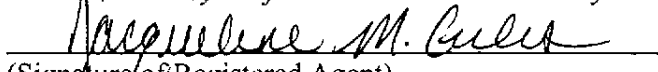
Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

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 members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

David Witt, Authorized Person  
(Printed or typed name of signee)

*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.*

  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**