MUWWUW 2033

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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA RECEIVED

B. KOHR

OCT **2 5** 2010

EXAMINER

SECRETARY OF STATE BY ISLEN OF CORPORATIONS
10 OCT 25 PH 3 35



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 552856 7775081

AUTHORIZATION

ORDER DATE: October 22, 2010

ORDER TIME : 12:43 PM

ORDER NO. : 552856-009

CUSTOMER NO: 7775081

CHANGE OF AGENT

NAME: MGP VIII, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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: MGP VIII, I	LLC		
 (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) 	Suite 300 Seattle, WA 98102		
	PR		
09/29/2000	M0000002033		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee ,FL 32301		
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company	aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business use of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the		
(Signature of a member or authorized representative of a member) Michael A. Crabtree Secretary and Treasurer (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company By:	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.		
(Signature of Registered Agelst) Sylvia Queppet, Asst. VP			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00