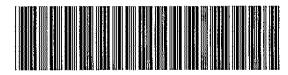
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SELIKETARY OF STATE
AND ASSET STORMA

Office Use Only





CT CORPORATION SYSTEM

March 13, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5807162 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

LightSpeed at Beacon Tradeport (Parcel 6) LLC (DE)

Change of Agent

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

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

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 03 MAR 13 PM 1:51
SECRETARY OF STATE
TALL AMASSEE, FLORID.

Page 1 of 1

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: LightSpeed at Beacon Tradeport (Parcel 6) LLC			
2.	2. The mailing address of the limited liability company is: 300 Hollywood Way, Hollywood, Florida 33021			
Jai	nuary 25, 2001			
3.	Date of filing/registration in Florida 4. Document number			
	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	;		
	Theodore Stotzer			
	Name			
	4651 Sheridan			
	Address			
	Hollywood, Florida 33021	ಜ		
	City, State and Zip	HAR		
6.	The name and address of the new registered agent and/or office:	3		
	C T Corporation System	PH		
	Name			
	1200 South Pine Island Road	ភ		
	Florida street address (P.O. Box NOT acceptable)			
	Plantation FL 33324	_		
	City, State and Zip			
and lial the	the limited liability company is not organized under the laws of the State of Florida, it is hereby nfirmed that after the change or changes are made, the Florida street address of the registered off d the business office of the registered agent will be identical. Or, in the case of a Florida limited bility company, it is hereby confirmed that the change(s) was/were authorized by an affirmative the members of the limited liability company or as otherwise provided in the articles of organization operating agreement of the limited liability company.	ice vote of n or		
Pr	Phily Kinhy Finted of typed name of signee)			
cor and Ch add C 1	thereby accept the appointment as registered agent and agree to act in this capacity. I further ago mply with the provisions of all statutes relative to the proper and complete performance of my did I am familiar with and accept the obligations of my position as registered agent as provided for appear 608, F.S. Or, if this document is being filed to merely reflect a change in the registered of dress, I hereby confirm that the limited hability company has been notified in writing of this change in the company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the registered of the limited hability company has been notified in writing of this change in the registered of the limited hability company has been notified in writing of this change in the registered of the limited hability company has been notified in writing of this change in the registered of the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of this change in the limited hability company has been notified in writing of the limited hability company has been notified in writing of the limited hability company has been notified in writing the limited hability company has been notified in writing the limited hability company has been notified in writing the limited hability company has been notified in wri	ities, r in Tice		

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

FL015-9/27/99 C T System Online

INHS18(10/99)