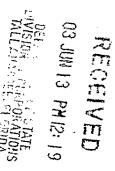
## M0100001629

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartificat Coning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

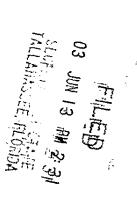
Office Use Only



700018842237







## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCAO	20000	1005				.2
REFERENCE: (Sub Account)	•	070 -				-	
DATE:	6-13						
REQUESTOR HAHE:	Lexis	Docu	ment s	pervice	50	,	
ADDRESS:						MIS PARS	
TELEPHONE: (.			<b>&gt;</b>	oxt (	;	7	
CONTACT NAME:	<u> </u>		<del> </del>	<del></del>			
CORPORĂTION NAME:	ORIX :	JLLOR	PLANDO,	ИС		—	; B
DOCUMENT NUMBER: (if applicable)	file ch	onge d	Reg Ag	ent		<u></u>	
AUTHORIZATION: .	Gnal	in J.	Wood	yard			
CERTIFIED CON CERTIFICATE CON PLAIN STAMPED	OF STATUS	(1-9)					
) Call When Rea ) Walk In ) Mail Out	dy (		if Probl Walt	.om	( )	After 4: Pick Up	30

## 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.

. The name of the limited liability company is:	ORIX JLL Orlando, LLC	
2. The mailing address of the limited liability com		Equities, Inc.
100 North Riverside Plaza, Suite 1400, Chica		000
July 20, 2001	M01000001629	TO 18 18
Date of filing/registration in Florida	4. Document number	100 G
5. The name of the registered agent and the register	red office address as shown on the	records of the 2
Florida Department of State: C T Corporation Syst	em	. E.E. 69
1200 South Pine Isla	Name nd Road	
Air Plantation, FL 3332	ddress 4	
City, St	ate and Zip	
<ol><li>The name and address of the new registered ager</li></ol>	nt and/or office:	
LexisNexis Documen	t Solutions Inc.	
3953 W.W. Kelley Ro	ime ad	
Florida street address (	P.O. Box NOT acceptable)	
Taliahassee	FL 32311	
City, Stat	te and Zip	
f the limited liability company is not organized un- confirmed that after the change or changes are mad- ind the business office of the registered agent will liability company, it is hereby confirmed that the change is members of the limited liability company or as the operating agreement of the limited liability com-	ic, the Florida street address of the be identical. Or, in the case of a fill hange(s) was/were authorized by an otherwise provided in the articles of	registered office orida limited affirmative vote of
Signature of a member of amingaced representative of a member)		
Jeffrey C. Plack Promed or typed name of signey)	<del> </del>	
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative und I am Ignillar with and accept the obligations of the provisions of the configuration of the provisions	nt and agree to act in this capacity of the proper and camplete perform of my position as registered agent and to merely reflect a change in the company has been notified in writh	I further agree to ance of my duties, is provided for in registered office ng of this change.

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

BNH318(10/00)

FILING FEE: \$25.00