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12 JUL 10 AM 9: 41 SECRETARY OF STATE ALL ANASSEE, FLORID

C. LEWIS

JUL 11 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 267587

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 6, 2012

ORDER TIME : 9:44 AM

ORDER NO. : 267587-065

CUSTOMER NO: 7811687

CHANGE OF AGENT

NAME: COLUMBIA PROPERTIES TAMPA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.

Name of the limited liability company: <u>COL</u>	UMBIA PROPERTIES TAMPA, LLC
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	company: 740 Centre View Blvd. Crestview Hills KY 41017
(b) Mailing address of limited liability compaction (Note: MAY BE POST OFFICE BOX)	P. 6
07/24/2001	M01000001690
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	hown on the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324

(b) Enter name of NEW Registered Agent an	d/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
that after the change or changes are made, the Flo office of the registered agent will be identical. Or	
(Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative am familiar with and accept the obligations of my F.S. Or, if this document is being filed to merely i confirm that the limited liability company has bee	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, reflect a change in the registered office address, I hereby n notified in writing of this change.
By: Deci-Cition (Signature of Registered Agent)	<u> </u>
(Signature of Registered Agent) Corporation Service Con	npany P.O. Box 6327, Tallahassee, FL, 32314

FILING FEE: \$25.00