

MD20000003589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

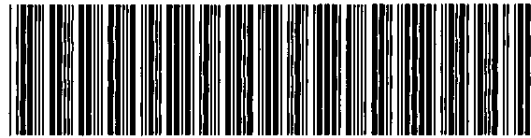
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000208421750

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JUL -6 AM 10:45  
NOT ATTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 JUL -6 PM 12:23  
FILED

D. BRUCE

JUL 06 2011

EXAMINER



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

*Spuddean*

ORDER DATE : June 21, 2011

ORDER TIME : 4:33 PM

ORDER NO. : 820337-046

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB CODINA BEACON LAKES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
11 JUL -6 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: AMB CODINA BEACON LAKES, LLC

2. (a) Principal office address of limited liability company: 2855 LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 2855 LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134  
*(Note: MAY BE POST OFFICE BOX)*

11/21/2002  
3. Date of filing/registration in Florida

M02000003089  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: COBB, KOLLEEN O.P. ESQ.

Registered Office Address: 2855 LEJEUNE ROAD  
4TH FLOOR  
CORAL GABLES, FL 33134

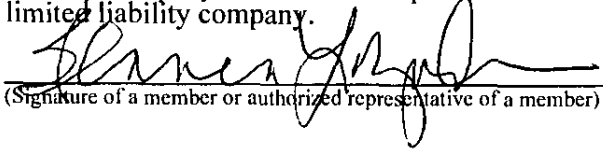
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301  
*(MUST BE FLORIDA STREET ADDRESS)*

FILED  
11 JUL -6 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Blanca Lozada, 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.

By:   
(Signature of Registered Agent)

Elizabeth A. Dawson, Asst. Vice President

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