MU3UUUU02698		
(Requestor's Name) (Address) (Address)	800156374188	
(City/State/Zip/Phone #)	RECEIVED 09 MAY 28 PM 2: 03 SEVY ATHENTOT STATE DIVISION OF CORPORATIONS TALL MHASSEE, FLORIDA	
Office Use Only	FILED SECRETARY OF STATE MAY 2 9 2009 EXAMINER	



NAME: TEACHERS REA III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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: ______TEACHERS REA III, LLC

2. (a) Principal office address of limited liability company: 730 Third Avenue, 8th Floor (Note: MUST BE STREET ADDRESS) New York, NY 10017

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	THE PARTY IN
08/13/2003	M03000002698
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 NEW Registered Agent and/or	NEW Degistered Office address:

NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	Tallahassee ,FL 32301

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. liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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(Signature of a member or authorized representative of a member)

Maureen Cullen, 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

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00