## #1104000000047

(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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FILED 12 DEC 18 PM 12: 43

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K. SALY EXAMINER DEC 1 9 2012



ON SERVICE COMPANY	ACCOUNT NO.	:	1200000019	95
	REFERENCE	:	449287	7310485
	AUTHORIZATION	: (	Spell de	man
	COST LIMIT	:	\$25.00	
ORDER DATE :	December 7, 2012			
ORDER TIME :	5:09 PM			
ORDER NO. :	449287-021			
CUSTOMER NO:	7310485			
CHANGE OF AGENT				

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

NAME: MICHELSON REALTY COMPANY LLC

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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:	MICHELSON REALTY COMPANY LLC
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRI	sility company: 7701Forsyth Blvd.  Suite 900
	St. Louis, MO 63105
(b) Mailing address of limited liability co (Note: MAY BE POST OFFICE BO	
12/24/2003	M0400000047
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offi	ce 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 <u>NEW Registered Age</u>	nt and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET AD	Tallahassee ,FL 32301
that after the change or changes are made, the office of the registered agent will be identical	ted under the laws of the State of Florida, it is hereby confirmed be Florida street address of the registered office and the business l. Or, in the case of a Florida limited liability company, it is a authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, rely reflect a change in the registered office address, I hereby s been notified in writing of this change.
By: (Signature of Registered Agent) Corporation Service	

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