14000001356

(Requestor's Name)		
(Address)		
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MAY 2 9 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

7288091

AUTHORIZATION /

COST LIMIT

ORDER DATE: May 19, 2009

ORDER TIME : 11:29 AM

ORDER NO. : 999615-183

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME:

TIAA-CREF INDIVIDUAL &

INSTITUTIONAL SERVICES, 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. N	Name of the limited liability company:	TIAA-CREF INDIVIDUAL & INSTITUTIONAL SERVICES, LLC
2. (a) Principal office address of limited (Note: MUST BE STREET ADL		ability company: 730 Third Avenue, 8th Floor New York, NY 10017
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE I	ompany:
04/	/08/2004	M04000001356
3. E	Date of filing/registration in Florida	4. Document number
5. ((a) Registered Agent and Registered O	fice 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 Ag</u>	ent and/or NEW Registered Office address:
	NEW Registered Agent:	Corporation Service Company
NE	NEW Registered Office Address:	1201 Hays Street
(MÜST BE FLORIDA STREET ADDRI		Tallahassee ,FL 32301
here liabi limi	ility company or as otherwise provided ted liability company.	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
(Sign	ature of a member or authorized representative of a r	iember)
Mau (Prin	ureen Cullen, Authorized Person ted or typed name of signee)	
com am f F.S. conf By:	ply with the provisions of all statutes refamiliar with and accept the obligations. Or, if this document is being filed to mire that the limited liability company he Corporation Service Company hature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change.

FILING FEE: \$25.00