## M04000002961

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DIVISION DE COMPONATIONS TALL AHASSEE, FLORIDA

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B. KOHR

MAY **2 9** 2009

**EXAMINER** 

O9 MAY 28 AM IO: 15
SECRETARY OF STATE



PORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 999615

7288091

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 19, 2009

ORDER TIME : 11:17 AM

ORDER NO. : 999615-175

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME:

TCAM CORE PROPERTY FUND

OPERATING GP 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:	CAM CORE PROPERTY FUND OPERATING GP LLC
2. (a) Principal office address of limited liabil (Note: MUST BE STREET ADDRES	lity company: 730 Third Avenue, 8th Floor  New York, NY 10017
(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BO.	ipany:
07/23/2004	M04000002961
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offic	e shown on the records of the Florida Dept. of State
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road
riog.sidate o met i idanessi.	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Corporation Service Company 1201 Hays Street
(MUST BE FLORIDA STREET ADD	Tallahassee ,FL 32301
If the limited liability company is not organized that after the change or changes are made, the loffice of the registered agent will be identical. hereby confirmed that the change(s) was/were a liability company or as otherwise provided in the limited liability company.  (Signature of a member or authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of authorized represe	d under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited he articles of organization or the operating agreement of the
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
	agent and agree to act in this capacity. I further agree to we to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, by reflect a change in the registered office address, I hereby seen notified in writing of this change.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President	s, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**