

M04 000000 3178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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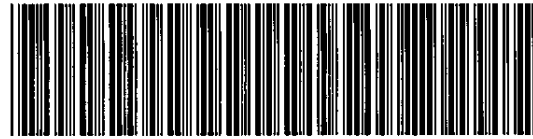
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 061257 7452534

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
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TALLAHASSEE FLORIDA
SECRETARY OF STATE

ORDER DATE : August 17, 2007

ORDER TIME : 8:36 AM

ORDER NO. : 061257-005

CUSTOMER NO: 7452534

CHANGE OF AGENT

NAME: HCP DAS TRANCHE 1 GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris

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. The name of the limited liability company is: HCP DAS Tranche 1 GP, LLC
2. The mailing address of the limited liability company is : 3760 Kilroy Airport Way, Suite 300
Long Beach, CA 90806

3. Date of filing/registration in Florida 8/9/04 4. Document number M04000003178

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

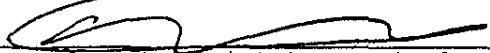
Amy J. Patterson
Name
420 S. Orange Avenue, Suite 500
Address
Orlando, FL 32801-3399
City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

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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)

Edward J. Henning, Manager
(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.

Cynthia L. Harris Cynthia L. Harris
(Signature of Registered Agent) **Asst. Vice President**

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