

M 04000003614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

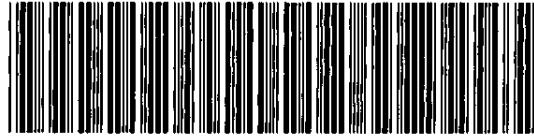
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EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 25 AM 9:15



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 177555 7396281

AUTHORIZATION:

Stephanie Milnes

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 25 AM 9:15

ORDER DATE : April 23, 2012

ORDER TIME : 2:03 PM

ORDER NO. : 177555-047

CUSTOMER NO: 7396281

CHANGE OF AGENT

NAME: BRE/IPV ALLAGASH GP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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: BRE/IPV ALLAGASH GP LLC

2. (a) Principal office address of limited liability company: Two North Riverside Plaza, Suite 2100
Chicago IL 60606
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: Two North Riverside Plaza, Suite 2100
Chicago IL 60606
(Note: MAY BE POST OFFICE BOX)

09/02/2004

3. Date of filing/registration in Florida

M04000003614

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Road
Plantation FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

Carol Albor, Authorized Person
(Printed or typed name of signer)

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: Grace E. Kirby
(Signature of Registered Agent) Corporation Service Company Gracc E. Kirby, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
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