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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE PACE MOB, LLC

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Help

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)		(b)	1	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of (mited liability company)  (Note: MAY BE POST OF FICE BOX)
	1920 Main Street, Suite 1200		1920 Main	Street, Suite 1200
	Irvine, CA 92614		Itvine, CA	92614
	09/03/2004	_	M04	000003651
•	Date of filing/registration in Florida	4.		Document number
(a)	CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records of the second service			<u>-</u>
(b)		he Florida	Dept of State	2.
	1201 HAYS STREET			·
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS	2	19 AUG
	TALLAHASSEE	.12301		
	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	iress.	3: 2 1.0F
	1200 South Pine Island Road			NIDA NIDA
	NEW Registered Office Address			
	Plantation	33174		_
	Plantation			<del>-</del>
he cha gent w ras we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members ocles of organization or the operating agreement of the	the regis wility co f the lim limited l	stered office supany, it is ited liability iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
<b>f</b>	Belanger	Patri	cia Belanga	
•	ure of a member or full prized representative of a member		,	Printed or typed name of signed
( heret rovisi he obl. o mere	waeeept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide thy reflect a change in the registered office address, I l I in writing of this change.	ee to act perform d for in C iereby co	in inis cap ance of my Inapier 602 infirm that	deny, 1 juriner agree to comply with the duties, and I am Jamiliar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been