	(Requestor's Name)				
	(Address)	•			
·	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
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EXAMINER

Office Use Only



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11/04/10--01024--020 **475.00

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.

Name of the limited liability company:	CABOT	ABOT CYPRESS CREEK TOWER 12 LLC			
2. (a) Principal office address of limited liability of	company:				
(<u>Note: MUST BE STREET ADDRESS</u>)	-	NEW YORK	NY	10003	
(b) Mailing address of limited liability company	v:	55 FIFTH AVENUE, FL 13			
(Note: MAY BE POST OFFICE BOX)	-	NEW YORK	NY	10003	
	-				
6/24/2005	_	M05000003507			
3. Date of filing/registration in Florida	4	Document number			
5. (a) Registered Agent and Registered Office she	own on th	e records of the Florida I	Dept. of St	ate:	
Registered Agent:	-	NRAI SERVICES, INC.			
Registered Office Address: 2731 E		2731 EXECUTIVE PARK	31 EXECUTIVE PARK DRIVE, SUITE 4		
J	_	WESTON	PA	33331	
NEW Registered Office Address: (MICT RE FLORIDA STREET ADDRESS) 515 Fast Park Avenue			Avenue		
(MUST BE FLORIDA STREET ADDRES	<u>SS)</u>	515 East Park Avenue			
	.	Tailahassee	,FL	32301	
If the limited liability company is not organized un that after the change or changes are made, the Florioffice of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were auth liability company or as otherwise provided in the a limited liability company.	ida street in the cas orized by	address of the registered of a Florida limited lial an affirmative vote of the	office and bility comp e members	the business pany, it is s of the limited	
(Signature of a member or authorized representative of a member)					
Timothy Kroll/Member (Printed or typed name of signee)					
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to am familiar with and accept the obligations of my fr.S. Or, if this document is being filed to merely reconfirm that the limited liability company has been	nt and agi to the prop position a eflect a ch i notified i	ree to act in this capacity er and complete perform s registered agent as pro ange in the registered of n writing of this change.	. I further ance of my vided for i fice addres	agree to y duties, and I n Chapter 608 ss, I hereby	
(Signature of Registered Agent)				NON CT	
Division of Corporations, P	O. Box 6	327, Tallahassee, FL 32	2314	- 33 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FILIN	NG FEE:	\$25.00			