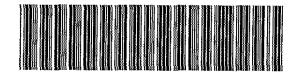
M05000003710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
11-9
Office Use Only



700081287157

11/07/06--01034--004 **25.00

SECTION -7 AN II: 30

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or $608.5\overline{08}$, 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 liab	oility company is: The Port Co	ommerce Center, LLC
2. The mailing address of the l	limited liability company is:	·
1750 S. Brentwood Blvd, Suite 70	01, St. Louis, MO 63144	
7/5/05		M05000003710
3. Date of filing/registration in	Florida	4. Document number
5. The name of the registered a Florida Department of State:		address as shown on the records of the
СТ	Corporation System	2
	Name	三年 美
1200	South Pine Island Road	
<u></u>	Address	
Plan	itation, FL 33324	
1 1611	City, State and Z	
6. The name and address of the	•	
NRA	Services, Inc.	→
	Name	
2731	Executive Park Drive, Suite 4	
Flo	rida street address (P.O. Box	NOT acceptable)
West	ton FL 33331	
	City, State and Zip	
confirmed that after the change and the business office of the re liability company, it is hereby of the members of the limited liab the operating agreement of the	or changes are made, the Floregistered agent will be identice confirmed that the change(s) will the company or as otherwise limited liability company.	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or
(Signature of a member or authorized rep	presentative of a member)	
Cathi J. Wall, Auth. Representative (Printed or typed name of signee)	<u>e</u>	
` ,		
Sureno	nt as registered agent and agr ull statutes relative to the prop ept the obligations of my posit ocument is being filed to mere the limited liability company l	ee to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.
(Signature of Registered Agent) Sean L. Emerick. Asst. Secretary Division of	Corporations, P.O. Box 6327	7, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

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 lin	nited liability compar	ny is: The Port Commerce Center, LLC
2. The mailing address	s of the limited liabil	lity company is:
1750 S. Brentwood Blvd	, Suite 701, St. Louis,	MO 63144
7/5/05		M05000003710
3. Date of filing/regist	ration in Florida	4. Document number
5. The name of the reginal Florida Department		registered office address as shown on the records of the
	C T Corporation S	System
		Name
	1200 South Pine	Island Road
		Address
	Plantation, FL 333	324
		City, State and Zip
<i></i>		· · · · · · · · · · · · · · · · · · ·
6. The name and address	ss of the new register	Name Island Road Address 324 City, State and Zip red agent and/or office:
	NRAI Services, Inc	
		Name
	2731 Executive Pa	
	Florida street ac	idress (P.O. Box NOT acceptable)
	Weston	FL 33331
	C	City, State and Zip
confirmed that after the and the business office liability company, it is the members of the limit the operating agreemen	change or changes a of the registered age hereby confirmed that ited liability compant of the limited liabil horized representative of a property of the confirmed liabil horized representative of a property of the limited liability of a property of a property of the limited liability of a property of the limited liability of a property of the limited liability of the limited liability of the li	en fan de fan
(Printed or typed name of sign		·
I hereby accept the appropriate and I am familiar with a chapter to F.S. Or, address, [I] hereby confir NRM Services. Inc. (Signature of Registered Agent	cointment as register ons of all statutes re and accept the obliging this document is being that the limited like.	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.
Sean L. Emerick, Asst. S Divis	sion of Corporation	is, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00