MD500003748				
(Requestor's Name) (Address)	600187334306			
(City/State/Zip/Phone #)	11/04/1001024020 **475.00			
Certified Copies Certificates of Status Special Instructions to Filing Officer: L. SELLERS				
NOV - 8 2010 EXAMINER Office Use Only	FILED 10 NOV -4 PH 1:39 ISENALSSE TORIS			

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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: CABO	ame of the limited liability company: CABOT CYPRESS CREEK TOWER 18 LLC			
2. (a) Principal office address of limited liability company	1V [.] 55 FIFTH AVENUE, FL 13			
(<i>Note: MUST BE STREET ADDRESS</i>)	NEW YORK	NY	10003	
(b) Mailing address of limited liability company:	55 FIFTH AVENUE, FL 13			
(<u>Note: MAY BE POST OFFICE BOX</u>)	NEW YORK	NY	10003	
7/7/2005	M0500003748			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida D	ept. of St	ate:	
Registered Agent:	NRAI SERVICES, INC.			
Registered Office Address:	2731 EXECUTIVE PARK DRIVE, SUITE 4			
	WESTON	PA	33331	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office addre National Corporate Res		., Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue			
	Tallahassee	,FL	32301	
If the limited liability company is not organized under the la that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company/or as otherwise provided in the articles of limited liability company: (Signature of a member or authorized representative of a member) Timothy Kkol Membek (Printed or typed name of signee)	address of the registered o se of a Florida limited liab an affirmative vote of the	office and ility com member	the business pany, it is s of the limited	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity.	I further	r 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 jubility company has been notified in writing of this change. ÅON

(Signature of Registered Agent)

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

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