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	Division of Corporations	m̃i≺		ł
	Fax Number : (850) 617-6383	- <del>-</del>	<b>A</b>	П
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	Account Name : TRIAD PROFESSIONAL SERVICES LL	c 📆 📈	-	-
	Account Number : I20080000085	. <del>5</del> 7	မှု	
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ALLAHASSEE HORIDA

## REGISTERED AGENT CHANGE BLUEROCK REAL ESTATE, L.L.C.

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J. BRYAN

JAN -4 2009

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**EXAMINER** 

## 12/31/2309 11:22 ٠,٣٠٠

## (((H09000266873-3))) 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:	BLUEROCK REAL ESTATE, L.L.C.
2. (a) Principal office address of limited liability	company: 680 FIFTH AVENUE
( <u>Noie: MUST BE STREET ADDRESS</u> )	16TH FLOOR NEW YORK, NY 10019
(b) Mailing address of limited liability compar	ny: 16500 NORTH PARK DRIVE
(Note: MAY BE POST OFFICE BOX)	Suite 202 Southfield, MI 48075
08/25/2005	M0500000475差别 是 T
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	hown on the records of the Florida Dept. of Mic.
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US
(b) Enter name of <u>NEW Registered Agent</u> an	
NEW Registered Agent:	NRAI Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	
	Weston ,FL <u>33331</u>
and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company of or the operating agreement of the limited liability	de, the Florida street address of the registered office  1 be identical. Or, in the case of a Florida limited  change(s) was/were authorized by an affirmative vote  r as otherwise provided in the articles of organization
/s/Deborah Huet Signature of a member or authorized representative of a member	
Printed or typed name of signee	
,, <u> </u>	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered Agent	
Jennifer Malik, Assistant Secretary to NRAI DIVISION of Corporations, P.O	D. Box 6327, Tallahassee, FL 32314
(((H09000266873 3)))FILING	FEE: \$25.00