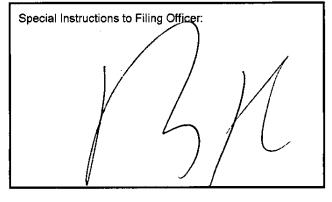
M05000004920

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							



Office Use Only



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OG OCT 25 PM 3: 01



ON SERVICE COMPANY					
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	499385	5138497	
	AUTHORIZATION	:	Jak of	nan	
	COST LIMIT	:	\$ 25.00		12 SEC. 06 OC
ORDER DATE :	October 3, 2006				SCAFE AND SCAFE
ORDER TIME :	11:52 AM				F.F. Or
ORDER NO. :	499385-010				108
CUSTOMER NO:	5138497				D'A
				 -	
	CHANGE OF A	<u>GEN</u>	<u>T</u>		
NAME:	TA CONTINENTA	L P	LAZA, LLC		
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	PR	OOF OF FIL	ING:	
CONTACT PERSO	N: Heather Chapm	an			

EXAMINER'S INITIALS:

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 limit	ed liability company	is: TA CONTIN	ENTAL PLAZA, LI	.c			
2. The mailing address of	of the limited liability	company is : _					
c/o TA-Associates Realty, 28	State Street, 10th Floor,	Boston, MA 0210	9				
September 6, 2005			M05000004920				
3. Date of filing/registration in Florida			4. Document number				
5. The name of the registr Florida Department of	ered agent and the reg State:	gistered office a	iddress as shown o	on the records of the			
	Corporate	Creations Netwo	rk, Inc.				
		Name					
	11380 Pros	sperity Farms Road	d, #221E	4.00			
		Address		200 6			
Palm Beach Gardens, FL 33-			3410	522 5			
	Cit	y, State and Zip)	THE NO			
6. The name and address	of the new registered	agent and/or of	ffice:	SSEA			
	Corpora	tion Service Comp	any	ين الله			
		Name 01 Hays Street		OF OCT 25 PH 3: 01 SECRETARY OF STATE TALLAHASSEE, FLORE			
	Florida street addre	ess (P.O. Box N	OT acceptable)	DC,			
	Tallahassee	FL	32301				
	City,	State and Zip					
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that the	made, the Flori will be identica he change(s) wa	ida street address on the case of as/were authorized	of the registered office of a Florida limited liby an affirmative vote			
Signature of a member or author	zed representative of a men	ber)					
Michael Eco							
(Printed or typed name of signee)							
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered s of all statutes relation described accept the obligation his document is being that the limited liabiled with the limited liabiled l		e to act in this cap r and complete pe on as registered a reflect a change i is been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			

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