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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 279983

4391782

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 19 2010

ORDER TIME : 3:32 PM

ORDER NO. : 279983-061

CUSTOMER NO: 4391782

CHANGE OF AGENT

NAME: DRA CRT ORLANDO UNIVERSITY

CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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. Name of the limited liability company: DRA CRT	ORLANDO UNIVERSITY CENTER LLC	
Name of the limited liability company: DRA CRT (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company:	any: 2101 6th Avenue North Suite 750 Birmingham, AL 35203	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2101 6th Avenue Northy Suite 750 Birmingham, AI, 35203	
09/16/2005	M05000005134	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company	reet address of the registered office and the business	
(Signature of a member or authorized representative of a member)		
David Luski		
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notify the corporation Service Company By: (Signature of Registered Agent) Sylvia Queppet, Asst. VP	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in Writing of this change.	

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