MU500005178

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



100168505041

RECEIVED

OFEB 19 PH 4: 18

10 FEB 19 AM 9: 56

B. KOHR
FEB 2 2 2010

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 279983

4391782

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 19 2010

ORDER TIME : 3:26 PM

ORDER NO. : 279983-059

CUSTOMER NO: 4391782

CHANGE OF AGENT

NAME: DRA CRT ORLANDO CENTRAL LAND

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ 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 CENTRAL LAND LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	220 Fast 42nd Street, 27th Floor New York, NY 10017
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o DRA Advisors LLC 220 East 42nd Street, 27th Floor New York, NY 10017 M05000005178 4. Document number on the records of the Florida Dept. of State: C T Corporation System
09/19/2005	M05000005178
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	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>N</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST DE TECNIDA GIRLET ADDRESS	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida structure 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	eet address of the registered office and the business
Signature of a member or authorized representative of a member)	·
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 part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to provide the company service Company. (Signature of Registered Agent) Sylvia Queppet, Asst. VP	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in a registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.

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