M05000005302

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MAY 17 2010

EXAMINER



CORPORATION SERVICE COMPANY. ACCOUNT NO. : I20000000195

REFERENCE : 3829Q1

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 13, 2010

ORDER TIME : 10:02 AM

ORDER NO. : 382901-305

CUSTOMER NO: 7775081

CHANGE OF AGENT

NAME:

WMPT WEST BOCA MANAGEMENT,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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: WMPT WEST	T BOCA MANAGEMENT, L.L.C.
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: One Seagate, Suite 1500 Toledo, OH 43604
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Seagate, Suite 1500
September 23, 2005	Toledo, OH 43604 M05000005302
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown 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 NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business
Blanca Lozada, Authorized Person (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the promise of am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to provide the comporation Service Company (Signature of Registered Agent) Grace E. Kirby, Assistant VI	

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