MOS 60000 6343

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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
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FILED
2009 MAY -6 AM 11: 22
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
MAY - 7 2009
EXAMINER

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. 1	Nar	ne of the limited liability company: Cogdell Spence	r Advisors, LLC	
2. ((a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
11/	16/2	2005	M05000006343	
3. I	Dat	e of filing/registration in Florida	4. Document number $\frac{7}{2}$	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of See:	1
		Registered Agent:	Corporation Service Company	m
		Registered Office Address:	1201 Hayes Street Tallahassee, FL 32301	0
((b)	Enter name of NEW Registered Agent and/or NEW Registered Agent:	W Registered Office address: NRAI Services, Inc.	E
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston FL 33331	
that offi here liab lim	t af ce eby ilit ited	limited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. Chulu Mayore of a member or authorized representative of a member)	aws of the State of Florida, it is hereby confirm t address of the registered office and the busine ase of a Florida limited liability company, it is by an affirmative vote of the members of the lin	ess
		s M. Handy-Executive Vice President or typed name of signee)	_	
I h con am F.S con	ere npl fan firi	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c m that the priving a liability campany has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, a as registered agent as provided for in Chapter change in the registered office address, I hereb l in writing of this change.	nd I 608, y

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

Registered Agent/ Norine Nagel-Assistant Secretary