Division orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE COGDELL SPENCER ADVISORS, LLC

APR -5

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4/5/2012

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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.

•	I. Name of the limited liability company:	Cogdell Spencer	Advisors, LLC		
	2. (a) Principal office address of limited lie			ACE, SUITE 300	
	(Note: MUST BE STREET ADDI	RESS)	LOUISVILLE, KY 40223		
	(b) Mailing address of limited liability o	ompany;	10350 ORMSBY PARK PLAC	E, SUITE 300	
	(Note: MAY BE POST OFFICE BOX)		LOUISVILLE, KY 40223		
	11/16/2005	_	M05000006343		
	3. Date of filing/registration in Florida	4	4. Document number		
	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
•	Registered Agent:		NRAI SERVICES, INC.	·	
	Registered Office Address:		515 E. PARK AVENUE TALLAHASSEE FL 32301		
`	(b) Enter name of NEW Registered Ag	<u>ent</u> and/or <u>NEV</u>	Y Registered Office addres	<u>88</u> :	
	NEW Registered Agent:		C T Corporation System		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DDRESS)	1200 South Pine Island Road		
			Plantation	,FL_33324	
	If the limited liability company is not organiconfirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability comporthe operating agreement of the limited liability comports the operating agreement of the limited liability of a member of authorized representative of a member of	ire made, the Flont will be identiat the change(s) any or as otherwhility company.	orida street address of the re cal. Or, in the case of a Flot was/were authorized by an a wise provided in the articles	rida limited affirmative vote	
	Kelly Halford				
	Printed or typed name of signee			I.C. officer	
Ву	1 1000	ea agent and ag ative to the pro- silons of my pos- ine filed to mer ability company Corporation Syster	per and complete përforman ition as registered agent as ely reflect a change in the ri has been notified in writing	noe of my duties, provided for in egistered office of initial continues.	
	Assistant Secretary Division of Corporation	s, P.O. Box 632 LING FEE: \$2	7, Tallahassee, FL 32314 5.00	M 9	
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