MU6000000 2650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400161437174



09 NOV -6 PH 2: 05

B. KOHR
NOV 6 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 171233 5138497

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 28, 2009

ORDER TIME : 4:08 PM

ORDER NO. : 171233-010

CUSTOMER NO: 5138497

CHANGE OF AGENT

NAME:

BUCKHEAD-AIRPORT COMMERCE

CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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.

I. Name of the limited liability company	BUCKHEAD	- AIRPORT COMMERCE CENT	ER, LLC
2. (a) Principal office address of limited (Note: MUST BE STREET AD	DRESS)	28 State Street 10th floor Boston, MA 02109	- CONTRACTOR - CON
(b) Mailing address of limited liabilit (Note: MAY BE POST OFFIC	E BOX)	28 State Street 10th floor Boston, MA 02109	&
05/11/2006	· .	M06000002650	
3. Date of filing/registration in Florida	4	Document number	
5. (a) Registered Agent and Registered	Office shown on the	ne 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 NEW	Registered Office address:	
NEW Registered Agent:		Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee ,FL 32301	
If the limited liability company is not org that after the change or changes are made office of the registered agent will be ider hereby confirmed that the change(s) was liability company or as otherwise provide limited liability company. (Signature of a member or authorized representative of	atical. Or, in the car were authorized by ed in the articles of	was of the State of Florida, it is hereby co- address of the registered office and the b- se of a Florida limited liability company, an affirmative vote of the members of the organization or the operating agreement	nfirmed usiness it is se limited of the
Scott L. Dalrymple (Printed or typed name of signee)			
I hereby accept the appointment as registionally with the provisions of all statutes am familiar with and accept the obligation in the confirm that the limited liability company corporation Service Company By:	stered agent and ag relative to the proj ons of my position a merely reflect a cl y has been nottfled	ree to act in this capacity. I further agre oer and complete performance of my dult is registered agent as provided for in Cha nange in the registered office address, I h in writing of this change.	e 10 es, and I ipter 608, ereby
(Signature of Registered Agent) Sylvia Quepp			

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