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Division of Corporations

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 $\alpha$ 

## LLC REGISTERED AGENT CHANGE DIGITAL 89TH PLACE, LLC

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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 605.0114 or 605.0116, 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. N	ame of the limited liability company: DIGITAL 89Th	H PLACE, LLC
2. (a)	A EMBARCADERO CNITO STE 3200	(b) 4 EMBARCADERO CNTR, STE 3200
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  SAN FRANCISCO, CA 94111	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SAN FRANCISCO, CA 94111
	08/29/2006	M06000004763
3, 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4. Document number
ν. ( <del>π</del> )	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	the Florida Dopt, of State:
	Registered Office Address (MUSI BE FLORIDA STREET A	32301-2525
	TALLAHASSEE ,FL	02001-2020
<b>(</b> b)	NRAI SERVICES, INC.	
<b>(</b> , )	Enter came of NEW Registered Agent and/or NEW Registered	Office address:
	1200 SOUTH PINE ISLAND ROAD	wide.
	NEW Registered Office Address:	
	PLANTATION ,FL	33324
the ch agent was/w the ar	lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like or authorized by an affirmative vote of the members of ticles of organization paths operating agreement of the	ws of the State of Florida, it is hereby confirmed that after fithe registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  JOSHUA MILLS, SENIOR VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY
-	ature of a member or authorized representative of a member	Printed or typed name of signee
the ol to me notific	tions of all statules relative to the proper and complete of the change in the registered office address, I the change of the chang	ree to act in this capacity. I further agree to comply with the aperformance of my duties, and I am familiar with and accept a for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited Itability company has been
១ដោធ	JUDY CULVER, ASSISTANT SECR	RETARY Box 6327• Tallahasses, FL 32314

**FILING FEE: \$25.00**