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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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105 PAR OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 785056

5173242

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 13, 2007

ORDER TIME : 10:09 AM

ORDER NO. : 785056-915

CUSTOMER NO: 5173242

CHANGE OF AGENT

NAME: PROTECH HOLDINGS 180, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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. The name of the limited liability company i | s: PROTECH | <u>I HOLDINGS 1</u> | 80, LLC | |
|--|--|---|---|--|
| 2. The mailing address of the limited liability | company is : <u>C</u> | /O Capmark Aft | fordable Equity/ | |
| Attn: Legal, 1801 California Street, Sui | te 3900, Denv | ver, CO 80202 | | |
| October 31, 2006 | 1 | M06000006028 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. The name of the registered agent and the reg Florida Department of State: | gistered office ac | ldress as shown on | the records of the | |
| NRAI | <u>SERVICES, I</u> | NC. | | |
| | Name | | | |
| 2731 EXECUTIVE PARK DRIVE, SUITE 4 Address | | | | |
| W | | 1 | 1 | |
| Weston, FL 33331 Z | | | | |
| | • | e.a. | SG E TI | |
| 6. The name and address of the new registered | agent and/or of | nce: | JUN 13 | |
| Corporation | on Service Con | mpany | SS 3 | |
| Name P M | | | | |
| 1201 Hays Street | | | | |
| Florida street addre | ess (P.O. Box No | OT acceptable) | PHIZ: 23 | |
| <u>Tallahassee</u> | FL_ | 32301 | A | |
| City | , State and Zip | | | |
| If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability compan or the operating agreement of the limited liability companions the operating agreement of the limited liability companions the operating agreement of the limited liability companions and the companions of the limited liability companions are considered to the company of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability company o | made, the Florid will be identical he change(s) want by or as otherwise ity company. | da street address of . Or, in the case of s/were authorized | the registered office a Florida limited by an affirmative vote | |
| (· · g | , | | | |
| Maureen Cullen, Authorized Person (Printed or typed name of signee) | | | | |
| I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation of the confidence of the confidence of the confirmation of Registered Agent) (Signature of Registered Agent) Jacqueline M. Giler | | | icity. I further agree to formance of my duties, ent as provided for in i the registered office vriting of this change. | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | | | |

FILING FEE: \$25.00

INHS18 (8/05)