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## M07000000172

(Re	equestor's Name)	
(Ad	dress)	<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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ON SERVICE COMPANY.	. <i>0</i>
ACCOUNT NO. : 072100000032	T SECOND
REFERENCE : 231090 431948	。影8
AUTHORIZATION CONTRACTOR	SEE.
COST LIMIT \$ 25.00	TOP 2
ORDER DATE : September 17, 2007	Dr.
ORDER TIME : 10:42 AM	•
ORDER NO. : 231090-090	
CUSTOMER NO: 4319480	
CHANGE OF AGENT	
NAME: SMITHRIDGE MIAMI AIRPORT INDUSTRIAL EQUITIES LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Doreen Wallace	

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.

agent, every, at the same ey's terrain.
1. The name of the limited liability company is: SMITHRIDGE MIAMI AIRPORT INDUSTRIAL EQUITIES LI
2. The mailing address of the limited liability company is:
c/o Time Equities, Inc., 55 Fifth Avenue, 15th Floor, New York, NY 10003
01/09/2007 · M07000000172
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Angell Corporate Services, Inc.
Name
One N. Clematis Street, Suite 400
Address
West Palm Beach, FL 33401
Address  West Palm Beach, FL 33401  City, State and Zip  6 The name and address of the new resistered agent and/or office:
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name 27
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)
Maureen Cullen, Authorized Person (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Ageri) Sylvia Queppet, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**