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EXAMINER



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ACCOUNT NO. : I2000000195

REFERENCE: 787392

787392 _ 739

AUTHORIZATION

COST LIMIT : \$ 25.0

ORDER DATE: May 23, 2011

ORDER TIME : 9:13 AM

ORDER NO. : 787392-045

CUSTOMER NO: 7394549

CHANGE OF AGENT

NAME: WESTBURY OWNER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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, publish, in the State of Floridă.

1.	Nan	ne of the	limited liability company:	WESTBURY	OWNER, LLC	3
2.	(a)	Principa (<i>Note:</i>	l office address of limited li MUST BE STREET ADDI	<u>RESS</u>)		9
	(b)		address of limited liability of MAY BE POST OFFICE I	B <i>OX</i>)	11200 Rockville Pike Suite 502 Rockville, MD 20852	
		0/2007		_	M0700000188	
3.	Date	e of filing	g/registration in Florida	4	. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat						
		Register	ed Agent:		C T Corporation System	
		Register	ed Office Address:		1200 South Pine Island Road Plantation, FL 33324	
	(b)	Enter na	me of <u>NEW Registered Ag</u>	ent and/or <u>NEW</u>	Registered Office address:	
		<u>NEW</u> R	egistered Agent:		Corporation Service Company	
	(MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street				
		Tallahassee ,FL 32301				

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)

Maurcen Cathell, 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.

Signalurance registered Apen)

(Signature of Registered Agent) Grace E. Kirby, Asst. VP

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