

M07000000965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

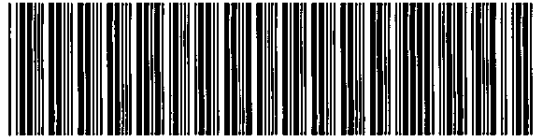
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 775508 4380061  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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TALLAHASSEE, FLORIDA

ORDER DATE : February 26, 2007

ORDER TIME : 3:57 PM

ORDER NO. : 775508-005

CUSTOMER NO: 4380061

CHANGE OF AGENT

NAME: MIAMI AIRPORT COMPLEX, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2007

AMANDA HADDAN  
CSC  
TALLAHASSEE, FL

SUBJECT: MIAMI AIRPORT COMPLEX, LLC  
Ref. Number: M07000000965

**FILED**  
07 FEB 27 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for MIAMI AIRPORT COMPLEX, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please have the R.A. sign accepting the acceptance statement.

Also, please note that because you have entered a new address in Item 2, we will change both the principal office address and the mailing address listing to this new address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 707A00014058

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**. 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 is: MIAMI AIRPORT COMPLEX, LLC
2. The mailing address of the limited liability company is : 10400 FERNWOOD ROAD, DEPT. 924.13, BETHESDA, MD 20817
- 2/19/2007 M07000000965
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:

**CORPORATION SERVICE COMPANY**

Name

1201 HAYES STREET

Address

TALLAHASSEE FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

~~Corporation Service Company~~

Name

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.

Jeff B. Stant  
(Signature of a member or authorized representative of a member)

**JEFF B. STANT**

(Printed or typed name of signer)

*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.*

Amanda Hadden  
(Signature of Registered Agent)

**as its agent**

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

**FILING FEE: \$25.00**

**FILED**  
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