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(((H07000226475 3)))



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Division of Corporations

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: (850)205-0380

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052

: (302)531-0855

Fax Number

: (866) 223-0765

## REGISTERED AGENT CHANGE

## HIGHWOODS DLF EOLA, LLC

Certificate of Status	0
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Sep. 11. 2007 2:07PM . Incorporating Services, LTD.

No. 5521 P. 2

(((E07000226475 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi liability company sub- agent, or both, in the S	sions of sections 608.416 nits the following stateme tate of Florida.	5 or 608.508. Flori mt in order to chan	da Statutes, the unit ige its registered off	lersigned limited Toe or registered
1. The name of the lin	nited liability company is:	HIGHWOODS DLF	EQLA, LLC	·
2. The mailing address	of the limited liability of	mpany is : 3100 S	MOKETREE COUR	RT, SUITE 600
RALEIGH NC 27804				•
05/03/2007		M07000002596		
3. Date of filing/regist	ration in Florida	4. Do	cument number	
5. The name of the reg Florida Department	istered agent and the region	stered office address	as shown on the rec	ords of the
<b>_ ,</b>	C T CORPORAT	ION SYSTEM		•
	1200 SOUTH PINI	Name		
	1200 SQUITT FIN	Address		
	PLANTATION FL:		···	07
	•	State and Zip		SEP
6. The name and addre	ss of the new registered a	gent and/or office:		
	INCORPORATING	SERVICES, L	TD.	COP
	1540 GLENWAY D	Name		AR RPOR
	Florida street addres		eceptable)	SECRETARY OF STAIL SECRETARY OF STAIL OR CORPORATIONS
•	TALLAHASSEE		•	O4 SNOT
		FL 32301 State and Zip	<del></del>	
confirmed that after the and the business office liability company, it is of the members of the or the observating agreem (Signature of a member or an Jeffrey D. Miller (Printed or typed name of signal is an familiar with Chapter 508, F.S. Or, address, I hereby configuration of Registered Agramatical Agramatical Agramatical Agramatical Chapter of Registered Agramatical Agrama	company is not organized to change or changes are no of the registered agent whereby confirmed agent whereby confirmed liability company nent of the limited liability company nent of the limited liability changed representative of a member of the limited liability and accept the obligation of all standes relative and accept the obligation of this document is being for that the limited liability of the limited liabilit	under the laws of the side, the Florida strail be identical. Or, a change(s) was/were or as otherwise proy company.  The change of the properties of the pro	eet address of the reg in the case of a Flori e authorized by an a vided in the articles ct in this capacity. I complete parforman registered agent as t ct a change in the re in notified in writing	ristered office ida limited dirmative vote of organization
Divi	sloo of Corpo <del>rations</del> , P. FILIN	O. Box 6327, Talla G FEE: \$25.00	102500, FL 32314	

INHS18 (8/05)