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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : 120080000085

: (770)777-2091

Phone Fax Number

: (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

hallebluerockm

REGISTERED AGENT CHANGE BR SUMMIT 22, LLC

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S. HAWKES

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the Undersigned limited er to change its registered office or existered
1. Name of the limited liability company:	BR SUMMIT 22, LLC
2. (a) Principal office address of limited liability company	y: <u>Hea = C</u>
(Note: MUST BE STREET ADDRESS)	680 EIETH AVENUE, 16TH ELOOP, NEW YORK, NY 10019
(b) Mailing address of limited liability company:	<u> </u>
(Note: MAY BE POST OFFICE BOX)	16500 NORTH PARK DRIVE, STE 202 SOUTHFIELD MI 48075
05/21/2007	M0700003001
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	NRAI Services, Inc.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4
(MUST BE TEURIDA STREET ADDRESS)	Weston "FL33331
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.	
/s/Deborah Huet Signature of a member or authorized representative of a member	_
Deborah Huet	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of an familiar with and accept the obligations of my pochapter 608, I.S. Or, if this document is being filed to meadaress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office o has been notified in writing of this change.
Signature of Registered Agent	
Jennifer Malik, Assistant Secretary to NRAI	24 Tallahaman Et 20214
Division of Corporations, P.O. Box 63: (((H09000266941-3))) FILING FEE: \$2	