

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**LLC REGISTERED AGENT CHANGE  
DCX CB SQUARE NINE LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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 605.0114, 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. Name of the limited liability company: DCX CB SQUARE NINE LLC
2. (a) Principal office address of limited liability company: 518 17TH STREET SUITE #1700  
DENVER, CO 80202  
 (Note: **MUST BE STREET ADDRESS**)

- (b) Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)

518 17TH STREET SUITE #1700  
DENVER, CO 80202

06/13/2007

M07000003582

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

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Agent:

C T Corporation System

**NEW** Registered Office Address:

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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.

Stephanie Sabo  
 Signature of a member or authorized representative of a member

Stephanie Sabo, Member  
 Printed or typed name of signor

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 605, 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.

By: Rebecca Smith  
 Signature of Registered Agent

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

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