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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 255473

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 26, 2012

ORDER TIME : 1:46 PM

ORDER NO. : 255473-030

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: AZ/MSN 27104, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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, or both, in the State of Florida.

1. Name of the limited liability company: AZ/MSN 27104, L	L.C.
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	848 Brickell Avenue, Suite 500, Miami FL 33131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	848 Brickell Avenue, Suite 500, Miami FL 33131
07/03/2007	M07000004006
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 S. Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. Maure attlet	address of the registered office and the business
(Signature of a member or authorized representative of a member)	m _S ≥ m
Maureen Cathell, Authorized Person (Printed or typed name of signee)	H 9: \$9 F STATE FLORID
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.
By: Said Wight	
(Signature of Registered Agent) Corporation Service Company S	arah Wright, Asst. Vice President

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

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