Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number: I20080000023 Phone: (651)225-9500 Fax Number: (651)225-9579

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LLC REGISTERED AGENT CHANGE PINEBROOK BUSINESS CENTER ASSOCIATES, LLC

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Corporate Viling Menu

S. HAWKES

JUL 1 2010

EXAMINER

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6/30/2010

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

BOTH FOR LIMITED LIABILITY COMPANY		
Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: Pinebrook	k Business Center Associates, L.C.	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	One Presidential Blvd., Suite 300 Bala Cynwyd, PA 19004	
(b) Mailing address of limited liability company:		
(Note: MAY RE POST OFFICE BOX)	One Presidential Blvd., Suite 300 Bala Cynwyd, PA 19004	
09/19/2007	M07000005646	
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:	Capitol Corporate Services, Inc.	
Registered Office Address:	155 Office Plaza Drive, Suite A Tallahassee, FL 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	NRAI Services, Inc.	
NEW Registered Office Address:	2731 Executive Park Drive, Suite 4	
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33331	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signanuse of a member or authorized representative of a member	ilorida street address of the registored office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization	
Marc Rash 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 prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan NRAI Services, Inc.	ogree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in trely reflect a change in the registered office y has been notified in writing of this change.	
Signature of Registered Agent Jackie Bernu, Asst. Secretary		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
((H10000152381 3))) INHS18 (05/08)	25.00	