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EXAMINER



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DRPORATION SERVICE COMPANY	ACCOUNT NO.	:	I2000000195

REFERENCE

<u>6</u>12**9**6 7477559

AUTHORIZATION

COST LIMIT : \$ 25.00

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ORDER DATE: December 17, 2012

ORDER TIME : 1:12 PM

ORDER NO. : 461296-025

CUSTOMER NO: 7477555

## CHANGE OF AGENT

NAME: ZARCALRES CENTRAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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: Zarcaires Centra	al, LLC		
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	14600 DETROIT AVENUE, SUITE 1500 LAKEWOOD OH 44107		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14600 DETROIT AVENUE, SUITE 1500 LAKEWOOD OH 44107		
11/09/2007	M07000006655		
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 57		
Registered Agent:	CT CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION FL 33324		
(b) Enter name of NEW Registered Agent and/or NEW			
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 lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  State: Portfolio Operations Manager	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited		
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the project am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a characteristic that the limited liability company has been notified by:    Assistant Vice (Signature of Registered Agent) Corporation Service Company	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, ange in the registered office address, I hereby in writing of this change.  President		

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