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| Certified Copies Certificates of Status |  |
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| Special Instructions to Filing Officer: |  |
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Office Use Only

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ALLAHASSEE FLORING

DEPARTMENT OF STATE

13 FEB 12 AM 10: 47



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 522876

7705228

AUTHORIZATION :

COST LIMIT : \$ 25.00

25 20

ORDER DATE: February 6, 2013

ORDER TIME : 4:15 PM

ORDER NO. : 522876-043

CUSTOMER NO: 7705228

CHANGE OF AGENT

NAME: BREOF TC VILLA TUSCANY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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: BREOF TC VILLA TUSCANY LLC   |   |  |
|--|---|--|
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )   | : 200 Vesey Street  11th Floor New York, NY 10281-1021  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | 200 Vesey Street    1th Floor   New York, NY 10281-1021 |  |
| 11/13/2007   | M07000006750  |  |
| 3. Date of filing/registration in Florida  | 4. Document number                                      |  |
| 5. (a) Registered Agent and Registered Office shown on t   | he records of the Florida Dept. of State: N             |  |
| Registered Agent:  | C T Corporation System                                  |  |
| Registered Office Address:   | 1200 South Pine Island Road Plantation, FL 33324        |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :   | Corporation Service Company                             |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | Tallahassee ,FL 32301                                   |  |
| 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.  (Signature of a member or authorized representative of a member)                                  |   |  |
| (Printed or typed name of signee)  |   |  |
| 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 608, 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:  (Signature of Registered Agent) Corporation Scruce Company Grace E. Kirby, Asst. VP  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 |   |  |

FILING FEE: \$25.00

INHS18 (05/08)