

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
FEB 1 3 2013		
A. LUNT		

Office Use Only



200244452472

2013 FEB 12 M D 5:

> RECEIVED DEPARTMENT OF STATI

13 FEB 12 AM 10: 4.7



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 522876 7705228

COST LIMIT :

AUTHORIZATION :

ORDER DATE : February 6, 2013

ORDER TIME : 4:16 PM

ORDER NO. : 522876-045

CUSTOMER NO: 7705228

CHANGE OF AGENT

NAME: BREOF TC VISTA GRAND 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.

in the state of Fiorial.			
1. Name of the limited liability company: BREOF TC V	ISTA GRAND LLC	·	
2. (a) Principal office address of limited liability company	y: 200 Vesey Street		
(Note: MUST BE STREET ADDRESS)	11th Floor New York, NY 10281-1021		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	200 Vesey Street		
	11th Floor New York, NY 10281-1021		
	New 101k, N1 10201-1021		
1.1/13/2007	M07000006752	75 5	
3. Date of filing/registration in Florida	4. Document number	3 5	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		
	Fidillation, FL 55524		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
<u>NEW</u> Registered Agent:	Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
(MUSI 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 of authorized representative of a member)			
SUJOY GUPTA			
(Printed or typed name of signee) AGO I have by account the approximate a provider of a count and account the approximate to the approximate			
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:			
•	Grace E. Kirby, Asst. VP		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)