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(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:	١
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Becky Arnold barnold0@cscinfo.com

Date: August 12, 2013

Order#: 759760-005

Re: FIRST STATES INVESTORS TRS GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Becky Arnold

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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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.

. Name of the limited liability company: First States Inve	stors TRS GP, LLC			_	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 7501 Wisconsin Avenue, Suite ! Bethesda, MD 20814	500 We	st	<u>_</u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7501 Wisconsin Avenue, Suite : Bethesda, MD 20814	500 We	st	<u> </u>	
03/18/2008	M08000001294				
3. Date of filing/registration in Florida	4. Document number				
6. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of Sta	te:		
Registered Agent:	NRAI SERVICES, INC.				
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	TALL ARE T	2018 AUG		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	ARY	$\overline{\omega}$, and	
NEW Registered Agent:	Corporation Service Company	1 in	<u> </u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee	₩ D.C. FL 32	 26		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(she members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Colette McCrone, Authorized Person Printed or typed name of signee	'lorida street address of the regi tical. Or, in the case of a Floric	stered of la limit	office ed		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 508, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I j oper and complete performanc osition as registered agent as p erely reflect a change in the reg y has been notified in writing o Hamilton	further e of my rovided gistered of this c	agree dutie for in office hange	to s, n	
Signature of Registered Agent Corporation Service Compassis					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					