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SECRETARY OF STATE

## Bay State Corporate Services, Inc. \*\* (617) 742-8484 Fax: (617) 742-8482 Six Beacon Street, Ste. 510 Boston, MA 02108

January 10, 2012

Ref Number: 87385

Subject Name(s): 516 Mola Avenue, LLC

Enclosed you will find one (1) Statement of Change of Registered Office or Registered Agent for filing in FL-SOS.

Please file upon receipt.

A check in the amount of \$25.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Please feel free to call collect at (617) 742-8484.

Thank you in advance for your assistance

KC McCarthy

## 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: 516 MOLA AVEN	UE, LLC	
2. (a) Principal office address of limited liability compan	y: c/o GOODRICH, LLC	
(Note: MUST BE STREET ADDRESS)	525 OKEECHOBEE BOULEVARD, SUITE 1000	
	WEST PALM BEACH, FL 33401	
(b) Mailing address of limited liability company:	C/O GOODRICH, LLC	
(Note: MAY BE POST OFFICE BOX)	525 OKEECHOBEE BOULEVARD, SUITE 1000	
( <u></u>	WEST PALM BEACH, FL 33401	
04/09/2008	M08000001711	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State:  CORPORATE CREATIONS NETWORK INC.	
Registered Office Address:	11380 PROSPERITY FARMS ROAD #221E	
_	PALM BEACH GARDENS, FL 35410 US	
	<b></b>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	NRAI Services, Inc.	
NEW Registered Office Address:	515 East Park Avenue	
(MUST BE FLORIDA STREET ADDRESS)	- II .	
•	Tallahassee ,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Joseph Marzilli, Manager	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
Printed or typed name of signee	<del>_</del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited lightlity company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.	

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

by: NRAI Services, Inc.
Signature of Registered Agent