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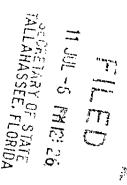
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DEPARTMENT OF STATE
DEVISION OF CORPORATIONS



D. BRUCE

JUL 06 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 21, 2011

ORDER TIME : 4:35 PM

ORDER NO. : 820337-090

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME: AMB FUND III MOSAIC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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 lin	nited liability company: AM	B FUND III MOSAIC, L	LC		
2. (a) Principal o (Note: M	ffice address of limited liabili <u>UST BE STREET ADDRES</u>	y company: PIER 1, E	BAY 1 EGAL DEPT		
			ANCISCO, CA 94111		
(b) Mailing address of limited liabilit	dress of limited liability com	PIER 1, E	BAY I		
(Note: M.	AY BE POST OFFICE BOX	ATTN: L	EGAL DEPT		
,		_SAN FRA	ANCISCO, CA 94111		
06/16/2008		M080000	002907		
3. Date of filing/r	egistration in Florida	4. Docum	nent number		
5. (a) Registered	Agent and Registered Office	shown on the record	s of the Florida Dept	. of State:	
Registered	Agent:	NRAI SE	RVICES, INC.	Pe =	
Registered	Office Address:	515 E. PA	ARK AVENUE		
Registered	Office Address.	TALLAH	IASSEE, FL 32301	DD 1	
				SE SE	
(b) Enter name	of NEW Registered Agent	and/or <u>NEW Registe</u>	red Office address:	- 一の 下3 しょ	
<u>NEW</u> Reg	stered Agent:	Corporation	on Service Company	TATE ORIDA	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			1201 Hays Street		
		Tallahasse	e	,FL 32301	
that after the chang office of the regist hereby confirmed liability company climited liability co	or authorized representative of a memberized Person	orida street address of, in the case of a Fluthorized by an affirme articles of organiza	of the registered offic orida limited liability native vote of the me tion or the operating	ce and the business y company, it is embers of the limited agreement of the	
	e appointment as registered a ovisions of all statules relativ nd accept the obligations of n cument is being filed to merel nited diability company has b	geni ana agree to act e to the proper and c ey position as register exercises a change in t	i in inis capacity. I fi omplete performance red agent as provided the registered office i	uriner agree 10 e of my duties, and 1 d for in Chapter 608 address. I hereby	3,
By: Thull	11 11 1		g of this change.	,	

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

1.30