## 08000003704

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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MAY 2 9 2009

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE: 999645

5 7288091

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: May 19, 2009

ORDER TIME : 11:16 AM

ORDER NO. : 999615-173

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME: T-C 701 BRICKELL LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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.	Nai	me of the limited liability company: T-C 701 BRICE	KELL LLC
		Principal office address of limited liability company:	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
0	8/08	/2008	M08000003704
3.	Dat	e of filing/registration in Florida	. Document number
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State
		Registered Agent:	C T Corporation System
		Registered Office Address:	1200 South Pine Island Road
			Plantation, FL 33324
	(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office address:
		NEW Registered Agent:	Corporation Service Company
	NEW Registered Office Address:	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
		MUSI BE FLORIDA STREET ADDRESS	Tallahassee ,FL 32301
he lia lin	reby bilit nited	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	ws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
•	_	re of a member or authorized representative of a member) en Cullen, Authorized Person	
(Pr	rinted	or typed name of signee)	
coi an F.S	here mply 1 fan S. O nfirn	by accept the appointment as registered agent and age with the provisions of all statutes relative to the provisions of all statutes relative to the provision of the provision	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.

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