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**EXAMINER** 



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 066812

AUTHORIZATION :

COST LIMIT

ORDER DATE : July 15, 2009

ORDER TIME : 10:19 AM

ORDER NO. : 066812-015

CUSTOMER NO: 7709469

CHANGE OF AGENT

NAME: DUFF & PHELPS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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.	Nar	ne of the limited liability company: DUFF & PHI	ELPS LLC
		Principal office address of limited liability company:	0
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	55 East 52nd Street Floor 31 New York, NY 10055
S	epte	ember 16, 2008	M08000004212
3.	Dat	e of filing/registration in Florida	1. Document number
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
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
that of he lia lin	at affice reby bilit nited of the property of	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.  In the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.  The confirmed that the change of liability company or as otherwise provided in the articles of liability company.	address of the registered office and the business
(Pi co an F	rinted here mply n fan S. nfirn	or typed name of signee) by accept the appointment as registered agent and ag y with the provisions of all statutes relative to the pro- niliar with and accept the obligations of my position of y, if this document is being filed to merely reflect a contact the limited tradility company has been notified prooration Service Company ire of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my dutics, and I as registered agent as provided for in Chapter 608, hange 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