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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for furure annual report mailings. Enter only one smail address please.

Email Address:

LLC REGISTERED AGENT CHANGE COGDELL SPENCER ADVISORS MANAGEMENT, LLC

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D. BRUCE

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4/5/2012

pp:SI ZI0Z/S0/p0

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.

| The state of the s | | |
|--|---|---|
| 1. Name of the limited liability company: Cogdell Sper | ncer Advisors Management, LLC | |
| 2. (a) Principal office address of limited liability compa | any: 10350 ORMSBY PARK PLA | CE, SUITE 300 |
| (Note: MUST BE STREET ADDRESS) | LOUISVILLE, KY 40223 | |
| | 40054 APRICON BARICON ACC | ALUXE DAD |
| (b) Mailing address of limited liability company: | 10350 ORMSBY PARK PLACE, SUITE 300 | |
| (Note: MAY BE POST OFFICE BOX) | LOUISVILLE, KY 40223 | |
| 9/23/2008 | M08000004305 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Den | t, of State: |
| Registered Agent: | NRAI SERVICES, INC. | <u></u> |
| Registered Office Address: | 515 E. PARK AVENUE | 2-4 |
| | TALLAHASSEB FL 32301 | |
| | | > ## 70 |
| (b) Enter name of NEW Registered Agent and/or N | WW Davietarad Office address | (n) 1 |
| | | 171 |
| NEW Registered Agent: | C T Corporation System | |
| NEW Registered Office Address: | 1200 South Pine Island Road | S CO |
| (MUST BE FLORIDA STREET ADDRESS) | 701 | |
| | Plantation | ,FI <u>≥33324</u> - |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the change or the operating agreement of the limited liability company. Signature of a member of Authorized representative of a member | Florida street address of the regentical. Or, in the case of a Flori (s) was/were authorized by an an arrived provided in the articles only. | istered office da limited ffirmative vote of organization |
| Kelly Halford | | |
| Printed or typed name of signer | | |
| 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 panders of the comparer of the comparer of the comparer of the comparers, thereby confirm that the limited liability comparers, thereby confirm that the limited liability comparers. | l agree to act in this capacity. I proper and complete performand position as registered agent as perecept a change in the resum has been notified in writing to stem | further agree to e of my duties, rovided for in gistered office of this change. |
| | radu Mari | |
| Signature of Registered Agent Kristin Boldon Assistant Secretary Division of Corporations, P.O. Box 6 | 5327. Tallahassee, FL 32314 | |

FILING FEE: \$25.00

INHS18 (05/08)

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