

M090W003112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

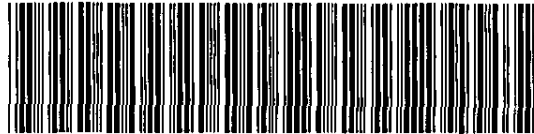
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EXAMINER



700215097507

RECEIVED
DEPARTMENT OF STATE
12 JAN - 4 PM 4:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN - 4 AM 9:22



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 034452 5049800

AUTHORIZATION

COST LIMIT \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -4 AM 9:22

ORDER DATE : December 21, 2011

ORDER TIME : 2:48 PM

ORDER NO. : 034452-025

CUSTOMER NO: 5049800

CHANGE OF AGENT

NAME: CAIN BROTHERS RE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

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 limited liability company: CAIN BROTHERS RE LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS) 360 Madison Avenue
New York, NY 10017
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX) _____

8/12/2009 M09000003112
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: NRAI Services, Inc.
- Registered Office Address: 515 E. Park Avenue
Tallahassee, FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Corporation Service Company
- NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cathell
(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Grace E. Kirby Grace E. Kirby, Assistant V.P.
(Signature of Registered Agent) Corporation Service Company

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

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