## 110000000128

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



100188480191

ACHADASSES FLANTE

O DEC 14 AM D. So

PILED

10 DEC 14 PM 1: 20

SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

DEC 14 2010

**EXAMINER** 



	·		
ORPORATION SERVICE COMPANY	ACCOUNT NO.	: 12000000195	
	REFERENCE	: 600966 71532	308 Man
	AUTHORIZATION	: Symuloce	man
	COST LIMIT	: \$ 25.00	
ORDER DATE :	December 7, 2010		
ORDER TIME :	9:45 AM		
ORDER NO. :	600966-015		
CUSTOMER NO:	7532308		
	CHANGE OF A	<u>GENT</u>	78. 78.
NAME :	MAM - GOLDENRO	OD PROPERTY	DEC 14 PM 1:21 CRETARY OF STATE LAHASSEE, FLORIDA
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:	

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.

I. Name of the limited liability company: MAM-GOLDENR	OD PROPERTY OWNER, LLC			
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	One Bryant Pack 38th Floor New York, NY 10036			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	NCW YOR IYI JODAN			
01/11/2010	M10000000128			
3. Date of filing/registration in Florida	l. Document number			
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:			
Registered Agent:	C T Corporation System			
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324			
	一一一			
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:			
NEW Registered Agent:	Corporation Service Company			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
	Tallahassee 1º L 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.				
(Signature of a member of authorized representative of a member)				
Scott Schwartz (Printed or typed name of signee)				
Thereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the profam familiar with and accept the obligations of my position of t.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Companion Service Company  By:  (Signature of Reprinted Agent Sylvia Queppet, Asst. Vice Presidem	tree to get in this capacity. I further agree to per and complete performance of my diffies, and I is registered agent as provided for in Chapter 608, hunge 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