71/0000000/360

| | (Requestor | s Name) | |
|---------------------------------------|--------------|----------------|--------|
| · | (Address) | <u></u> | |
| · · · · · · · · · · · · · · · · · · · | (Address) | | |
| · . | (City/State/ | Zip/Phone #) | |
| PICK-L | P U | WAIT | MAIL. |
| · · · · · · · · · · · · · · · · · · · | (Business E | Entity Name) | |
| , , | (Document | Number) | |
| Certified Copies | c | ertificates of | Status |

Special Instructions to Filing Officer:

A. LUNT

JUN 29 2011

EXAMINER

Office Use Only



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CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 26, 2012

ORDER TIME : 1:52 PM

ORDER NO. : 255473-064

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: SASOF TR-05, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 60% | 8.416 or 608.508, | Florida Statutes, the | undersigned lim | iited liability |
|--|-------------------|-------------------------|------------------|-----------------|
| company submits the following statement in the State of Florida. | in order to chang | e its registered office | or registered ag | gent, or both, |
| in the State of Florida. | Q | ÷ 55 | | |

| in the state of rioriaa. | | |
|--|---|------------|
| 1. Name of the limited liability company: SASOF TR-05, L | LC | |
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | y: 848 Brickell Avenue, Suite 500, Miami FL 331 | 31 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 848 Brickell Avenue, Suite 500, Miami FL 331 | 31 |
| 03/24/2010 | M10000001360 | |
| 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: | CT Corporation System | |
| Registered Office Address: | 1200 S. Pine Island Road Plantation FL 33324 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | (CO - § | - |
| NEW Registered Agent: | | 7) |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |) |
| | Tallahassee ,FL 32301 | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. Matter | et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limit | 5 |
| (Signature of a member or authorized representative of a member) | - | |
| Maureen Cathell, Authorized Person (Printed or typed name of signce) | _ | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the praint familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | agree to act in this capacity. I further agree to roper and complete performance of my duties, and n as registered agent as provided for in Chapter 6 1 change in the registered office address, I hereby 2d in writing of this change. | l I 08, |
| By: Sum Winght (Signature of Registered Agent) Corporation Service Company | | |
| (Signature of Registered Agent) Corporation Service Company | Sarah Wright, Asst. Vice President | |

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