m100000001393

(R	equestor's Name)			
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(A	ddress)			
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300235678263

B. BOSTICK JUN 29 2012

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 255473

AUTHORIZATION :

COST LIMIT

ORDER DATE: June 26, 2012

ORDER TIME : 1:51 PM

ORDER NO. : 255473-062

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: SASOF TR-02, 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 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 comp	oany: SASOF TR-02, LLC	2		
2. (a) Principal office address of lim (Note: MUST BE STREET)	nited liability company: (ADDRESS)	848 Brickell Avenue, Suite 500	0, Miami FL 33	3131
(b) Mailing address of limited lia (Note: MAYBE POST OF)	bility company: FICE BOX	848 Brickell Avenue, Suite 500	0, Miami FL 33	3131
03/25/2010		M10000001393		
3. Date of filing/registration in Florid	da 4	. Document number		
5. (a) Registered Agent and Registe	ered Office shown on th	ne records of the Florida Dept. o	of State:	
Registered Agent:	_	CT Corporation System		
Registered Office Address:		1200 S. Pine Island Road		
		Plantation FL 33324	∌ ∽ →	
	-			
(b) Enter name of NEW Register	red Agent and/or <u>NEW</u>	Registered Office address:	SASSE SASSES	77
NEW Registered Agent:		Corporation Service Company	SEC 30	Section 2
NEW Registered Office Address:		1201 Hays Street		J
(MUST BE FLORIDA STRI	EET ADDRESS)	Tallahassee ,F	10 A 01	
If the limited liability company is not that after the change or changes are noffice of the registered agent will be hereby confirmed that the change(s) liability company or as otherwise prolimited liability company.	nade, the Florida street identical. Or, in the cas was/were authorized by	address of the registered office se of a Florida limited liability of an affirmative vote of the men	and the busines company, it is obers of the lim	ss nited
(Signature of a member or authorized representat	ive of a member)			
Maureen Cathell, Authorized Person (Printed or typed name of signee)				
I hereby accept the appointment as i comply with the provisions of all stat am familiar with and accept the obli F.S. Or, if this document is being file confirm that the limited liability com	registered agent and ag tutes relative to the proj gations of my position o ed to merely reflect a cl pany has been notified	ree to act in this capacity. I fun per and complete performance of is registered agent as provided hange in the registered office ac in writing of this change.	ther agree to of my duties, ar for in Chapter idress, I hereby	nd I 608, v
By: SC (Signature of Registered Agent) Corporation				
		arah Wright, Asst. Vice Preside	ent	
Division of Co	rporations, P.O. Box 6	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00