Division of Corporations a Departument Of Stal Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

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|--------------------------------|---|--------------------------------|--------|
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



4/13/2011

## 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.

|  | B03, LLC  |  |  |                                 |  |
|--|---|--|--|---------------------------------|--|
| 2. (a) Principal office address of limited liability company:  |   | One Beacon Street Suite 1700   |  |                                 |  |
| (Note: MUST BE STREET ADDRESS)   | Bosto   | n, MA 02108  |  |                                 |  |
| (b) Mailing address of limited liability company:  |   | One Beacon Street S1700  | )  |                                 |  |
| (Note: MAY BE POST OFFICE BOX)   | Bosto   | n, MA 02108  | -  |                                 |  |
| 10/04/2010   | M100  | 00004338   | <b>-</b> -   |                                 |  |
| 3. Date of filing/registration in Florida  | 4. Document number  |  |  |                                 |  |
| 5. (a) Registered Agent and Registered Office shown (  | on the rec  | ords of the Florida Dept   | . of State   | :                               |  |
| Registered Agent:  | Steven  | 1 B. Greenhut  |  |                                 |  |
| Registered Office Address:   | 841 PRUDENTIAL DRIVE, SUITE 1400                                |  |  |                                 |  |
| -  | JACK  | SONVILLE FL 32207  | TA.  |                                 |  |
|  | •••••   | · · ·  |  | <br>****                        |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>  | EW <u>Reg</u> i   | istered Office address:  | AHAS   | APR I                           |  |
| NEW Registered Agent:  | <u>C T Co</u>   | provation System   | SEC.   | ت                               |  |
| NEW Registered Office Address:   | 1200 5  | outh Pine Island Road  |  | AH                              |  |
| (MUST RE FLORIDA STREET ADDRESS)   | Planiai   | ion  | 0-1<br>FL 4132   | <u>4</u>                        |  |
| If the limited liability company is not organized under the<br>confirmed that after the change or changes are made, the<br>and the business office of the registered agent will be ide<br>liability company, it is hereby confirmed that the change<br>of the members of the limited liability company or as other<br>the members of the limited liability company or as other<br>the the distribution of the limit of the li | Florida si<br>ntical. O<br>(s) was/wi<br>crwis <del>c</del> pri | treet address of the regis<br>r, in the case of a Florid<br>ere authorized by an aff   | stered of<br>a limited<br>irmative                       | fice<br>vote<br>ition           |  |
| or the operating agreement of the limited liability compares<br>Signature of a member of authorized representative of a member<br>Patzick D. Mullei Ac<br>Printed or typed name of signee<br>I hereby accept the appointment as registered agent and<br>comply with the provisions of all statutes relative to the p<br>and I am familiar with and accept the obligations of my p<br>Chapter 608. F.S. Or, if this document is being filed to me<br>padaress. I hereby confirm that the limited liability compare  | agree to a<br>roper and<br>osition as<br>erety rell.            | act in this capacity. I fu<br>complete performance<br>registered agent as pro<br>ect a change in the register<br>on worting of | riher ag<br>of my di<br>Wided fo<br>Stered of<br>His cho | ree 10<br>Ilies,<br>Tin<br>Tice |  |

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