

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: Cebot II - FL3B05, LLC One Beacon Street Suite 1700 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Boston, MA 02108 One Beacon Street S1700 (b) Mailing address of limited liability company; Boston, MA 02108 (Note: MAY BE POST OFFICE BOX) 10/04/2010 M1000004340 3. Date of filing/registration in Florida Document number <u>M</u>c ž 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: œ Θm പ Steven B. Greenhut Registered Agent: 841 PRUDENTIAL DRIVE, SUITE 1400 **Registered Office Address:** JACKSONVILLE FL 32207

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:	C T Corporation System
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NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 200 South Pine Island Road

Plantation FL 33324

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 or authorized representative of a member

19+2101 Printed or typed name of signes

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 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.

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

INHS18 (05/08)

Signiture of Registered Agen

By: