## M1000005489

(Requestor's Name)	_	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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12 JUN 28 AM 9: §7 SECRETARY OF STATE ALLAHASSEE, FLORIO

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 26, 2012

ORDER TIME : 1:52 PM

ORDER NO. : 255473-066

CUSTOMER NO: 7736440

## CHANGE OF AGENT

NAME: SASOF TR-27, 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.

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1. Name of the limited liability company: SASOF TR-27, LLC	
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	848 Brickell Avenue, Suite 500, Miami FL 33131
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	848 Brickell Avenue, Suite 500, Miami FL 33131
12/13/2010	M10000005489
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne 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>NEW NEW Registered Agent</u> :	Registered Office address:  Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  Maureen Cathell, Authorized Person	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability confirmative vote of the members of the limited
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.
By: Sub Wingt  (Signature of Registered Agent) Corporation Service Company	Sarah Wright, Asst. Vice President
Division of Corporations, P.O. Box	3 .

**FILING FEE: \$25.00**