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Email Address: tracy@karlinam.com

LLC REGISTERED AGENT CHANGE KARLIN VISTA VERDE, LLC

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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:	KARLIN VIST	A VERDE, LLC	
2. (a) Principal office address of limited li			1400
(Note: MUST BE STREET ADD)	RESS)	Los Angeles, California 90025	
(b) Mailing address of limited liability of	company:	11755 Wilshire Boulevard, Suite	1400
(Note: MAY BE POST OFFICE)	<u> </u>	Los Angeles, California 90025	
2/1/2011		M11000000484	
3. Date of filing/registration in Florida		Document number	
5. (a) Registered Agent and Registered O Registered Agent:		ne records of the Florida Dept. of State CAPITOL CORPORATE SERVICES, IN	3 - 6 - 7
Registered Office Address:	. ,	155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE FL 32301 US	
(b) Enter name of <u>NEW:Registered As</u> <u>NEW</u> Registered Agent:	-\ 	Registered Office address: C T Corporation System	
NEW Registered Office Address:		1200 South Pine Island Road,	
		Plantation ,FL33324	
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability compor the operating agreement of the limited liability comports the operating agreement of the limited liability comports of a member or anthorized representative of a second Cohen, President of KARLIN ASSET M.	are made, the Florant will be identi- at the change(s) part of al otherv pollithe mpany	orida street address of the registered offical. Or, in the case of a Florida limited was/were authorized by an affirmative vise provided in the articles of organization.	ice vote tion
Printed or typed name of signee	ANAGEMENT, II	NC., Manager	
I hereby accept the appointment as registed comply with the provisions of all statutes reamy I am familiar with and accept the obliging the configuration of the configuration of the limited life.	red agent and ag teative to the pros ations of my pos eing filed to mero ability company	ree to act in this capacity. I further ag per and complete performance of my di ition as registered agent as provided fo ely reflect a change in the registered of has been notified in writing of this cha	ree to uties, or in fice nge.
	AVP, CT Corpora is, P.O. Box 632 LING FEE: \$2	7, Tallahassee, FL 32314	

INHS18 (05/08)

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