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(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone	e #)	
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SECRETARY OF STATE

B. BOSTICK
APR 1 1 2013
EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris ENORRIS@CSCINFO.COM

Date: April 8, 2013

Order#: 591430-356

Re: EDGE EAST TAMPA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2013 APR 10 PH 12: 52

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: EDGE EAST T.	AMPA, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 9 Tower Center 11th Floor East Brunswick, NJ 08816	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9 Tower Center 11th Floor East Brunswick, NJ 08816	
02/28/2011	M11000001038	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	ept. of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	SECRE AP
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	CW Registered Office addre	SEARY 5
NEW Registered Agent:	Corporation Service Compar	1 <u>Y 1</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee	REP. 2: 52 ,FL32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Flo s) was/were authorized by an	egistered office rida limited affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. roper and complete performa position as registered agent as werely reflect a change in the r my has been notified in writing	I further agree to nce of my duties, provided for in registered office g of this change.
By: Mace L-Kuby Signature of Registered Agent Corporation Service Company	Grace E. Kirby Asst VP	

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