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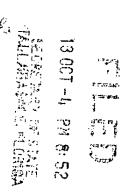
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J. Shivers OCT 0 7 2000

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.

agoni, or boin, in the state of 1 fortua.	
Name of the limited liability company:	KBSII CITYPLACE TOWER, LLC
2. (a) Principal office address of limited liability of	company: C/O KBS CAPITAL ADVISORS LLC
(Note: MUST BE STREET ADDRESS)	620 NEWPORT CENTER DRIVE, SUITE 1300 NEWPORT BEACH, CA 92660
(b) Mailing address of limited liability compan	y: C/O KBS CAPITAL ADVISORS LLC
(Note: MAY BE POST OFFICE BOX)	620 NEWPORT CENTER DRIVE, SUITE 1300 NEWPORT BEACH, CA 92660
03/14/2011	M11000001325
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	Registered Agent Solutions, Inc. 155 Office Plaza Dr.
(b) Enter name of NEW Registered Agent and NEW Registered Agent:	
<u>(MUST BE FLORIDA STREET ADDRES</u>	SS) Suite A Tallahassee ,FL32301
and the business office of the registered egent will	de, the Florida street address of the registered office
Art Flores, Attorney-in-Fact Printed or typed name of signee	
I hereby accept the appointment as registered age comply with the provisions of all statules relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Jaclyn Wright, Asst. Secretary	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Register Al Agent	_

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