## M1100001511

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JUN 29 2012

**EXAMINER** 



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CORPORATION SERVICE COMPANY ACCOUNT NO. : I20000000195

REFERENCE : 255473

7736440

AUTHORIZATION : •

COST LIMIT :

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ORDER DATE: June 26, 2012

ORDER TIME : 1:52 PM

ORDER NO. : 255473-068

CUSTOMER NO: 7736440

## CHANGE OF AGENT

NAME: SASOF TR-29, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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.

1. Name of the limited liability company: SA	SOF TR-29, LLC
2. (a) Principal office address of limited liabil ( <i>Note: MUST BE STREET ADDRES</i>	ity company: 848 Brickell Avenue, Suite 500, Miami FL 33131
(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BOX	
03/24/2011	M11000001511
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offic	e shown on the 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 NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  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 liability company or as otherwise provided in t limited liability company.  Maure	authorized by an affirmative vote of the members of the limited he articles of organization or the operating agreement of the
(Signature of a member or authorized representative of a mem	ber)
Maureen Cathell, Authorized Person (Printed or typed name of signee)  I hereby accept the appointment as registered comply with the provisions of all statutes relat am familiar with and accept the obligations of F.S. Or, if this document is being filed to mere	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, by reflect a change in the registered office address, I hereby been notified in writing of this change.
confirm'that the limited liability company has  By:  (Signature of Registered Agent) Corporation Service (	been notified in writing of this change.  Low Bright Sarah Wright, Asst. Vice President

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