## M1100005113

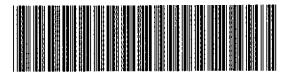
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**EXAMINER** 



700214723897

NE CHINED

SECRETARY OF STATE OF CORPORATIONS



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: November 6, 2011

ORDER TIME : 11:20 AM

ORDER NO. : 970294-215

CUSTOMER NO: 4360443

## CHANGE OF AGENT

NAME: BRE MARINER ROSS PLAZA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 but in the State of Florida.

1. Na	me of the limited liability company: BRE MARINE	R ROSS PLAZA LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 345 PARK AVENUE NEW YORK, NY 10154
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	345 PARK AVENUE NEW YORK, NY 10154
	OBER 12, 2011	M11000005113
3. Da	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Agent:	NRAI SERVICES, INC.
	Registered Office Address:	515 EAST PARK AVENUE TALLAHASSEE, FL 32301
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>Corporation Service Company</u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street  Tallahassee FL 32301
that af office hereby liabilit	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company.	aws of the State of Florida, it is hereby confirmed
Stever	re of a member or authorized representative of a member)  a Siegel or typed name of signee)	-
I here compl am fai F.S. ( confir	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position of Dr, if this document is being filed to merely reflect a m that the limited liability company has been notified	gree 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00