

**MI200003138**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H13000154730 3)))



H130001547303ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tracy@karlinam.com

**FILED**  
2013 JUL 10 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
KARLIN MAGNOLIA PLACE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**RECEIVED**  
13 JUL 10 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**[JUL 11 2013]**

Electronic Filing Menu

Corporate Filing Menu

Help

**D. BRUCE**

H130001547303

# 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 MAGNOLIA PLACE, LLC

2. (a) Principal office address of limited liability company: 11755 WILSHIRE BLVD., SUITE 1400  
 (Note: **MUST BE STREET ADDRESS**) LOS ANGELES, CA 90025

(b) Mailing address of limited liability company: 11755 WILSHIRE BLVD., SUITE 1400  
 (Note: **MAY BE POST OFFICE BOX**) LOS ANGELES, CA 90025

06/04/2012

M12000003128

3. Date 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:

CAPITOL CORPORATE SERVICES, INC.

Registered Office Address:

155 OFFICE PLAZA DRIVE, STE. A  
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

CT Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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 authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David Cohen, Authorized Signer

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: CT Corporation System

Signature of Registered Agent

Danijela Buzers, Ast. Secretary

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

FILING FEE: \$25.00

INHS18 (05/08)

H130001547303