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## LLC REGISTERED AGENT CHANGE LANDMARK AT WAVERLY PLACE MANAGER, LLC

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S. YOUNG

Division of Corporations LANDMARK AT WAVERLY PLACE MANAGER, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Morgan Stevens Name of Person Rinaldi, Finkelstein & Franklin, LLC Firm/Company 591 West Putnam Ave Address Greenwich, CT 06830 City/State and Zip Code mstevens@starwood.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Morgan Stevens Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| ١.            | Nε                      | me of the limited liability company:   | T WAV   | ERLY PLACE   | MANAGER, LLC  |   | <del></del>                                 |
|---------------|-------------------------|--|---|--|---|---|---|
| 2.            | (a)                     |  |   | (b)  |   |   |   |
|               | (-)                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | N  | Aailing address of limited lie  |   |   |
|               |                         | 591 W Putnam Ave   |   | 591 W Putnam Ave   |   |   |   |
|               |                         | Greenwich, CT 06830  | Greenwich, CT 06830                               |  |   |   |   |
|               |                         | 08/21/2013   |   | M130000052   | 287   |   |   |
| 3.            |                         | Date of filing/registration in Florida   | —<br>4.   |  | Document number   |   |   |
| 5.            | (a)                     |  |   |  |   | ಕ   | <b>≥</b> 9                                  |
| Э,            | (a)                     | Registered Agent and Registered Office shown on the records o  | f the Flori                                       | ida Dept. of State   | X   | Æ   |   |
|               |                         | LATPM LLC  |   |  |   | 20  | 7.7-  |
|               |                         | Registered Office Address (MUST BE FLORIDA STREET  | <i>ADDRE</i>                                      | <u>(SS)</u>  | •   |   | YA Z  |
|               |                         | 3505 E FRONTAGE RD, SUITE 150  |   |  |   | 至   |   |
|               |                         | TAMPA, F   | L_33607   | ·  | •   | AM IO:  |   |
|               |                         | (b) Enter name of NEW Registered Agent and/or NEW Registered Office address C T Corporation System   |   |  |   |   |   |
|               |                         | NEW Registered Office Address:   |   | -  |   |   |   |
|               |                         | 1200 South Pine Island Road  |   | •  |   |   |   |
|               |                         | Plantation , F   | 7L_33324  | 4  | _   |   |   |
| th<br>ag<br>w | e cha<br>gent v<br>as/w | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the re<br>liability<br>s of the l<br>se limite | gistered office<br>company, it i<br>imited liabilit                | e and the business offices hereby confirmed that y company or as other apany.                             | ce of the re<br>at the chan                         | egistered<br>ge(s)                          |
| _             |                         | ture of a member or authorized representative of a member  |   |  | Printed or typed name of  | _   |   |
| n             | эпре                    | by accept the appointment as registered agent and a lons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.                           | gree to d<br>te perfor<br>ded for i<br>I hereby   | act in this cap<br>rmance of my<br>n Chapter 60:<br>v confirm that | acity. I further agree<br>duties, and I am famili<br>5, F.S. Or, if this docu<br>the limited liability co | to comply<br>iar with an<br>ment is be<br>mpany ha. | with the<br>id accep<br>ing filed<br>s been |
| : <u>`</u>    | Ágnes                   | Orporation System Broszczak, Assistant Secretary Ire of Registered Agent   |   |  |   |   |   |

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