134615

(Requestor's Name)
(izednesioi s izame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
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Change

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DEPARTMENT OF STATE

JIVISION OF CORPORATIONS

JIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE

16/11



ACCOUNT NO. : I2000000195

REFERENCE: 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 35.00

Spelle man

ORDER DATE: June 21, 2011

ORDER TIME : 4:46 PM

ORDER NO. : 820337-366

CUSTOMER NO: 7143029

CHANGE OF AGENT

NAME:

BEACON CENTRE MASTER

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ci	hange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
		TRE MASTER ASSOCIATION, INC.
-		TRANSICO CA 04111
	AY 1, ATTN: LEGAL DEPT, SAN F	
	g address (if different):	I FRANCISCO, CA 94111
4. Date of inco	orporation/qualification: 10/11/198	Document number: N34615
	and street address of the current regularitment of State:	istered agent and registered office on file with the
	NRAI SERVICES, INC.	
	515 E. PARK AVENUE	TILLE SECRETARS
	TALLAHASSEE, FL 32301	THE R
6. The name a (if changed)		ered agent (if changed) and /or registered office
	Corporation Service Company	t.
	1201 Hays Street	
(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301	
The street add as changed wi	dress of its registered office and the identical.	ne street address of the business office of its registered agent,
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
70 CM	me Immer	Blanca Lozada, Vice President
I hereby accept further agree of my duties, a document is b corporation h	e to comply with the provisions of and I am familiar with and accept seing filed merely to reflect a char as been notified in writing of this	(Printed or typed name and title) agent and agree to act in this capacity. If all statutes relative to the proper and complete performance to the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.
Corporation By:	on Service Company	June 23, 2011
- Coly	Signature of Registered Agent)	(Date)
If signing on l	behalf of an entity:	
Elizabeth A. D	Pawson, Asst. Vice President	
	(Typed or Printed Name)	_
	* * * 1711	INC FFF. \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)