Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC .- IRVINE

Account Number : I20080000054 : (949)955-9585 Phone Fax Number : (800) 562-6504

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

Email Address:

REGISTERED AGENT CHANGE LA - ORLANDO PROPERTIES, INC.

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Corporate Filing Menu

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8-30-11

NRAI

COVER LETTER

TO: Amendmer Division of	nt Section Corporations				
SUBJECT:	LA - ORLANDO PRO Name of Co				
DOCUMENT NU	MBER: P020	000128091			
The enclosed States	ment of Change of Registered Office	Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
_	Nicole i	Parnell			
•	Name of Cor	tact Person			
	•				
NRAI Corporate Services, Inc.					
	Firm/Co	mpany			
	2875 Michelle				
	Addı	ess			
	_				
	Irvine, C/	\ 92606			
	City/State an	a Zip Code			
	nparnell@r	nrai.com			
E-mail address: (to be used for future annual report notification)					
For further informa	tion concerning this matter, please c	all:			
	Nicole Pamell	ot / 800 \ 562-6439			
Nan	ne of Contact Person	at (800) 562-6439 Area Code & Daytime Telephone Number	_		
Enclosed is a \$35.0	0 check made payable to the Depart	nent of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
	1 alialiasset, FL 32314	Tallahassee, FL 32301			

9499559590

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

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	te of Florida	
1. The name of t	he corporation: <u>LA – C</u>	RLANDO PR	OPERTIES, INC.		
2. The principal 10868 WIL	office address: _SHIRE BLVD., 11T	H FLOOR, LOS	S ANGELES, CA 9002		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification:	12/05/2002	Document number:	P02000128091	
	street address of the curtiment of State: (If resign		t and registered office on fi	ile with the	
	AARON GOROVITZ C	O LOWNDES DR	OSDICK DOSTER & KAN	ITOR	
	215 N. EOLA DR.				
	ORLANDO, FL 328	301			
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registers	2011 AUG 30 SECRETARY TALLAHASSE	
	NRAI Services, It	nc.			
	515 East Park Ave	nue		STATE STATE	Ĺ
	Tallahassee, FL 32	P.O. Box NOT acc	op able		
as changed will	ss of its registered offic be identical.	e and the street add	lress of the business office	- ·	
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notific	its board of directors or led in writing of the change	oy an officer so e.	
Signatum	of an otrice or director		Bruce Goren, VI	ce President	
I hereby accept if further agree to of my duties, and document is bein corporation has NRAI Service	the appointment as region comply with the providation of am familiar with and filed merely to reflect been notified in writing is, Inc.	stered agent and a stons of all statutes l accept the obligat t a change in the re of this change.	gree to act in this capacity i relative to the proper an ion of my position as regi gistered office address, I	d complete performance stered agent. Or, if this hereby confirm that the	
Sign	nture of Registered Agent	, Asst. Secretary	Date	• •	
If signing on bel					
	Registered Agents, I	nc.			

* * * FILING FEE: \$35.00 * * *