UUU00646

Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

FLORIDA LESSOR-FIVE FACILITIES, INCORPORATED

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Masyland				
	following statement in ord		tered office or registered agent, or both, in	
i. The nam	e of the corporation : Florida	Lessor - Five Facilities,	Incorporated	-
2. The mail	ing address of the corporation	on ; 9690 Decreco Bivd.	Ste. 100 Timonium, MD 21093-6991	<u>-</u>
3. Date of i	incorporation/qualification:	2-10-03	Document number: F030000006	_ د
4. The name	e and address of the current	registered agent and o	office:	
	Corporation Service Compa	iny		
	1201 Heys Street			
	Talianassee, FL 32301		TALE S	₹
5. The name		gistered agent (if change). O. Box Not Accept	ged) and/or registered office (If changed): able)	
	CT Corporation System		- 500 =	3
	clo CT Corporation System	, 1200 South Pine Island	Road, STATE OF STATE	_
	Plantation, Ploride 33324			င်
The street a agent, as ch	ddress of its registered officanged, will be identical.	ce and the street addr	ess of the business office of its registered	
Such chang authorized	e was authorized by resolut by the board.	tion duly adopted by i	ts board of directors or by an officer so	
	Mel		7-15-03	
(3.5)	por of an officer Comman of Vice.	COMMISSION OF CHAP DAMES ()	(Date)	
Vichael E. Jon	es. Vice President (Printed or typed name ar	, al sistal		
Having befi corporation I fürther agr performance registered a C T Corporati	n named as registered agen , I hereby accept the appoint ree to comply with the prov e of my duties, and I am fan gent.	d and to gramme annul.	ne of process for the above stated agest and agree to act in this capacity. relative to the proper and complete the obligation of my position as	
By:	- Sunt Ma	(11)	7-15-03	
if signing on b	(Signature of Refusered Apeni) chalf of an entity:	Tyndell As	4. Sec. (Date)	
	(Typod or Printed Name)		(Capacity)	
	* * *	FILING FEE: \$35.0	90 * * *	
CR2E045(9/00)			•	
• •	Division of Comprations	P.O. BOX 6327	TALLAHASSEE FL 32314	

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