## 546939

(Requestor's Name)
(Address)
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(Document Number)
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ION SERVICE COMPANY.					
ACCOUNT NO. :	I2000000195				
REFERENCE :	859881 7962286				
AUTHORIZATION :	859884 77962286				
COST LIMIT :	· /				
ORDER DATE: October 25, 2013					
ORDER TIME : 5:03 PM					
ORDER NO. : 859881-010					
CUSTOMER NO: 7962286					
CHANGE OF AGENT					
NAME: PARK PLACE APAR	TMENTS INC				
NAME: FARR PLACE APAR	IMENIS, INC.				
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
THAIN STAILED COLL					
CONTACT PERSON: Susie Knight	EXT# 52956				
	EXAMINER:				

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of th	ne State of Florida
	he corporation: PARK PLACE APARTM		e male of Piorials.
	office address: 2275 SCENIC HIGHWA	·	03-6680
3. The mailing a	ddress (if different): 4851 KELLER SPI	RINGS RD 222, ADDISO	N, TX 75001-6261
4. Date of incorp	poration/qualification: 12/12/1986	Document number	. J46939
	street address of the current registered tment of State: (If resigned, enter resign		e on file with the
	PATRICK G. EMMANUEL		
	30 S. SPRING ST		,
	PENSAÇOLA	FL 32501	······································
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or re	gistered office
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NO	Tacceptable FL 32301	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business of	office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of directors tilled in writing of the cl	s or by an officer so lange.
Signatur	to of an officer or district	ELIOT D. LITOFF	PRESIDENT
I hereby accept is I further agree to performance of it agent online in hereby confirm to Corporation	the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and s document is being filed merely to ref that the corporation has been notified i h Service Company		
By: Suc Knych 10-30-2013 Signature of Register 4 Agent Date			10-2013
If signing on bet Assi		1218	•

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0  cange is submitted for a corporation org	anized under the laws o	of the State of Florid	а
	ler to change its registered office or regi		n the State of Florid	a.
1. The name of	the corporation: PARK PLACE APART	MENTS, INC.		
2. The principa	office address: 2275 SCENIC HIGHW	AY, PENSACOLA, FL	32503-6680	<del></del>
3. The mailing	address (if different): 4851 KELLER SF	PRINGS RD 222, ADDI	SON, TX 75001-62	61
4. Date of incom	rporation/qualification: 12/12/1986	Document num	ber:	· <u>.</u>
5. The name an	d street address of the current registered atment of State: (If resigned, enter resigned,	l agent and registered of		
	PATRICK G. EMMANUEL			
	30 S. SPRING ST			
	PENSACOLA	FL 32	501	
(if changed):	d street address of the new registered ag  Corporation Service Company  1201 Hays Street			
		OT acceptable	·	
	Tallahassee	FL 32:	301	
	ess of its registered office and the stree l be identical. as authorized by resolution duly adopte he board, or the corporation has been a			
5/	· · · · · · · · · · · · · · · · · · ·			ESIDENT
Signati	ure of an officer or duplor	ELIOT D. LITOFF	yped name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio By.	t the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and its document is being filed merely to re that the corporation has been notified on Service Company		capacity, oper and complete of my position as registered office addinge.	
Sig	mature of Registered Agent		Date	
	chalf of an entity: Sue G. Knight Assistant Vice President  yed or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)