

LO2000006961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

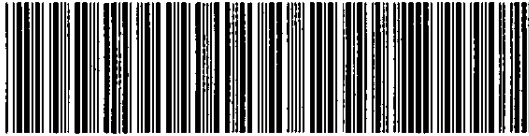
(Business Entry Name)

(Document Number)

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10 JAN 12 AM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JAN 13 2010
EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: 719 East Union Street, L.L.C.

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**) 300 East State Street
Jacksonville, Florida 32202

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) Same

03/25/2002

3. Date of filing/registration in Florida

L020000069615

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John S. Duss, IV, Esq.

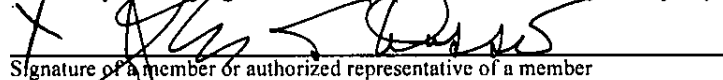
Registered Office Address: Jeter, Bowlus, Duss, Morgan, Kenney
10110 San Jose Boulevard
Jacksonville, Florida 32257

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: John S. Duss, IV

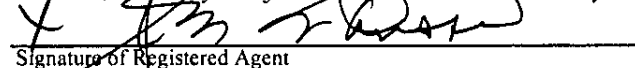
NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) Duss, Kenney, Safer, Hampton & Joos
4348 Southpoint Boulevard, Suite 101
Jacksonville, FL 32216

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

John S. Duss, IV, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA