L040000 32957

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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EXAMINER

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ACCOUNT NO. : I2000000195 REFERENCE : 501511 4800258 AUTHORIZATION. COST LIMITAL ORDER DATE: September 7, 2010 ORDER TIME : 2:15 PM ORDER NO. : 501511-005 CUSTOMER NO: 4800258 CHANGE OF AGENT NAME: 1661 RIVERSIDE, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

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

Pursuant to the provisions of sections 608. company submits the following statement is in the State of Florida.	416 or 608.508, Florida Statutes, the undersigned limited liability n order to change its registered office or registered agent, or both,
1. Name of the limited liability company:	1661 Riverside, LLC
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDI	ability company: 1021 Oak Street RESS Jacksonville, FL 32204
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE I	company: 1021 Oak Street BOX) Jacksonville, FL 32204
4/29/2004	L04000032957
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered On	ffice shown on the records of the Florida Dept. of State:
Registered Agent:	William I. Gulliford
Registered Office Address:	1021 Oak Street Jacksonville, FL 32204
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW Registered Agent:</u>	ent and/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET A	1201 Hays Street
that after the change or changes are made, to office of the registered agent will be identically confirmed that the change(s) was/wellability company or as otherwise provided limited liability company. (Signature of a member of authorized representative of a second confirmed or typed name of signee)	
(Signature of Reposition Agent)	red agent and agree to act in this capacity. I further agree to clative to the proper and complete performance of my duties, and I is of my position as registered agent as provided for in Chapter 608, nerely reflect a change in the registered office address, I hereby has been notified in writing of this change. Imberty B. Moret 88 its agent tions, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00