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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |

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DIVISION OF BRANDA



| ION BERVICE COMPANY | | | | |
|---------------------|---------------------------|-----|----------------|--|
| | ACCOUNT NO. | : | 072100000032 | |
| | REFERENCE | : | 472786 75450 | 57 |
| | AUTHORIZATION | : | Spullele ma | |
| _ | COST LIMIT | : | \$ 25.00 | |
| ORDER DATE : | September 22, 20 | 06 | | 40, 8 A |
| ORDER TIME : | 3:41 PM | | | |
| ORDER NO. : | 472786-005 | | | 想是加 |
| CUSTOMER NO: | 7545057 | | | SECTION OF THE PROPERTY OF THE |
| | CHANGE OF A | gen | <u>T</u> | ORDE OR |
| NAME: | ALYS BEACH CO | URT | YARD, LLC | |
| PLEASE RETURN | THE FOLLOWING AS | PR | OOF OF FILING: | |
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| XX PLAIN | STAMPED COPY | | i e | |

EXAMINER: _____

CONTACT PERSON: Sara Lea -- EXT# 2914

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

Pursuant to the provisions of sections 608.416 or $608.5\overline{08}$, 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. The name of the limited liability compan | | H COURTYARDS, | LLC | |
|---|--|--|--|--|
| 2. The mailing address of the limited liabili | ty company is: | <u> </u> | <u> </u> | · <u></u> |
| P.O. Box 615500, Alys Beach, FL 32461-5500 | . | | | |
| November 4, 2004 | | L04000080359 | | |
| 3. Date of filing/registration in Florida | | 1. Document nur | nber | |
| 5. The name of the registered agent and the Florida Department of State: | registered office a | ddress as shown | on the records of th | ne - |
| C | T Corporation System | n | | |
| | Name | _ | | |
| 120 | 0 South Pine Island R | oad | | . : - |
| | Address | | 50 S | |
| | Plantation, FL 33324 | | FE S | 77 |
| | City, State and Zip | • | 至四 写 | - |
| 6. The name and address of the new register | ed agent and/or of | ffice: | PARY PARS | m |
| Corp | oration Service Comp | any | mg = | - O |
| | Name | | E 21 | |
| | 1201 Hays Street | | 92 % | • |
| Florida street ad | dress (P.O. Box N | OT acceptable) | DE P | |
| Tallahassee | FL | 32301 | <u></u> _ | |
| C | ity, State and Zip | | | |
| If the limited liability company is not organ confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability company or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a second confirmed to the limited liability company). | are made, the Flori nt will be identica at the change(s) we pany or as otherwibility company. | ida street address | of the registered o | ffice |
| Richard Bozzelli, Authorized Person on behalf of Ebsco (Printed or typed name of signee) | Gulf Development, In | nc., Manager | - | |
| I hereby accept the appointment as register comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be addizess, I hereby confirm that the limited li | red agent and agre lative to the prope ations of my positi eing filed to merel ability company h | ee to act in this cor or and complete p ion as registered y reflect a chang as been notified i | apacity. I further a erformance of my agent as provided e in the registered n writing of this ch | igree to duties, for in office ange. |

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

avre of Registered Agent) Sylvia Queppet, Assistant Vice President