

LO5000047558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

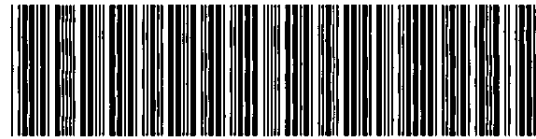
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07 MAY 14 AM 11:20  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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07 MAY 14 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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May 14, 2007

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6925763 SO  
Customer Reference 1: none given  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

SEG McLean, LLC (FL)  
Change of Agent  
Florida

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

**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. The name of the limited liability company is: SLG McLean, LLC
2. The mailing address of the limited liability company is: 4315 Pablo Oaks Ct.  
Jacksonville, FL 32224
3. Date of filing/registration in Florida: 5/13/2005
4. Document number: LOS 000047558

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Murphy B. McLean Jr.  
Name  
4315 Pablo Oaks Ct.  
Address  
Jacksonville, FL 32224  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Ct Corporation Systems  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation, FL 33324  
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

Murphy B. McLean Jr. - President  
(Signature of a member or authorized representative of a member)

MURPHY B. MCLEAN JR.  
(Printed or typed name of signer)

*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.*

Barbara A. Burke  
(Signature of Registered Agent)

Barbara A. Burke  
Special Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32316  
FILING FEE: \$25.00