

L05000047558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

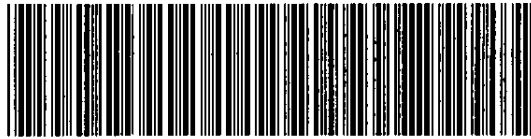
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLG McLean  
Murphy's Station, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallory Gayle Holm  
Name of Person

SLG Management Services, LLC  
Firm/Company

4315 Pablo Oaks Ct  
Address

Jacksonville FL 32224  
City/State and Zip Code

mgholm@stokeslandgroup.com  
E-mail address: (to be used for future annual report notification)

CO. NAME	<u>SLG, LLC</u>	
Project Ref.		
GL Code	JB Code	Amount
<u>61310</u>		<u>25.00</u>
Proj. Mgt. Approval	<u>JPM</u>	Date: <u>12/6/07</u>
Client Approval		

For further information concerning this matter, please call:

Mallory Gayle Holm at ( 904 ) 482-1144  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: SLG McLean, LLC

2. (a) Principal office address of limited liability company: 4315 Pablo Oaks Ct



(Note: **MUST BE STREET ADDRESS**)

Jacksonville, FL 32224

(b) Mailing address of limited liability company: same



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

May 13, 2005  
3. Date of filing/registration in Florida

L05000047558  
4. Document number

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

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Road - Team 1  
Plantation, FL 33324

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

NEW Registered Agent: SLG Management Services, LLC

NEW Registered Office Address: 4315 Pablo Oaks Ct

(MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32224

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.

Mallory Boyle  
Signature of a member or authorized representative of a member

Mallory Boyle HCLM  
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.*

SLG Management Services, LLC  
Signature of Registered Agent

Mallory Boyle  
Vice President

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