Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE MHPI I, LLC

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EXAMINER

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 %10	me of the limited liability company: MHPII, LLC					
	2875 S. Orange Avenue	;	1]	Orange Avenue		
2. (ε)	Principal office address of limited liability company:	_	,	Mailing address of limited (Nate: MAY BE POST	liability comp	any: X)
	(Note: MUST BE STREET ADDRESS)		Suite 50	00 #4080	<u> VIII II I</u>	_
	Suite 500 #4080	-				
	Orlando, FL 32806	_	Orlando	, FL 32806		 -
	01.12.2010		L100000	04504		
3.	Date of filing/registration in Florida	4.		Document number		
£ (a)	Broad and Cassel LLP			_		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	tc:		
	390 N. Orange Avenue, Suite 1400			_		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>2)</u>			
				_	<u> 25</u> .	, <u>2</u> 2
	Orlando FL	32801		_		18
			<u> </u>	_	E 5); };
(b)	B&C Corporate Services of Central Florida,			_	ا الأولى الأولى	
, , ,	Enter name of NEW Registered Agent and/or NEW Registered	1 Office 20	ldress:		E E	
	390 N. Orange Avenue, Suite 1400			_	구동	AM II:
	NEW Registered Office Address:				82	=
				_		10
	Orlando	3 28 01ء	1			
	· · · · · · · · · · · · · · · · · · ·			_	~ 1.4b.a	0
the ch	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited learner authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iability of of the life e limited	company, it mited liabili	is hereby confirmed to ity company or as other impany.	that the chat	106(8)
Sign	ature of a member of authorized representative of a member			Printed or typed name		
I here provis the obto men notifie	when the incliner of supported representations of all statistics relative to the proper and complete alignitions of my position as registered agent as providing the reflect a chappe in the registered office address, the chappe in the registered office address, the chappe in the registered of the schappe.	ree 10 ai e perfori ed for in l heraby	ct in this ca nance of my Chapter of confirm tha	pacity. I further agre y duties, and I am fam 15, F.S. Or, if this doc t the limited Hability (te to comply ulliar with a cument is be company ha	with the nd accept eing filed is been
Signe	Orost Registered Agent					
1	Distance Companishing DO	Box 63'	7a Talloh:	assec. FL 32314		