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(Re	equestor's Name)	·		
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·	ty/State/Zip/Phone	<i>→</i> #)		
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J. BRYAN
JAN 25 2011

EXAMINER

COVER LETTER

ţ,

TQ:	Registration of	on Section Corporations		
SUBJECT: Tideridge Holdings Acquisitions, LLC				
Name of Limited Liability Company				
		es of Amendment and fee(s) are surespondence concerning this matte	-	11 JAN 24 PH 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORE
			Mallory Gayle Holm Name of Person	F STATE FLORID
SLG M		SLG N	Management Services, LLC	
			4315 Pablo Oaks Ct	·
Address Jacksonville, FL 32224				
City/State and Zip Code				
		mgho	Im@stokeslandgroup.com	
D f			(to be used for future annual report notifica	dion)
ror iui	riner intormat	ion concerning this matter, please	can:	
		allory Gayle Holm		82-1144
	Na	ime of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check	for the following amount:		V
\$25	5.00 Filing Fe	e ` []\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	▼\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tideridge Hochi (Name of the Limited Lia) (A Flori	NGS Acquisition Ac		
The Articles of Organization for this Limited Liabili	ty Company were filed on	23/2010 and assigned	
Florida document number L100000885		LI ON THE STATE OF	
This amendment is submitted to amend the followin	g:	Dr	
A. If amending name, enter the new name of the	limited liability company here		
E	dwards Grove, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or r registered agent and/or the new registered office		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Officers of the Company include: R. Scott Griffith, President; Bruce Bunner, Vice President; John C. Kunkel, Vice President; Chris Vanzant, Vice President; John P. Moore, Vice President; Sally Hall, Vice President; Mallory Gayle Holm, Vice President, General Counsel, and Secretary; Sharon Fredenhagen, Treas. 2011 January 18 Dated __ Signature of a member or authorized representative of a member Mallory Gayle Holm Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00