Shelley S. bulock  Requester's Name  Buller Don U. Son; Blarme  Address  211 Commerce Street; S.  City/State/Zip Phone &  MUSAVIILE, TN 3724	2000	OO Caldwe	<b>69</b>		
			ffice Use Only		-
CORPORATION NAME(S) & DOCUMI	ENT NUN	MBER(S), (if kn	own):		-
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(Corporation Name)  2. (Corporation Name)  3. (Corporation Name)	(	Document #)  Document #)  Document #)		OI AUG 20 PM 1: 48 SECRETARY OF STATE TALLAHASSEE FLORIO	FILED
4(Corporation Name)	(	Document #)		<u> </u>	
Walk in Pick up time	Photo  AMEND  Ame  Resi  Chai	copy  MENTS  endment gnation of R.A., nge of Registere olution/Withdra		Status 42995 101117- .00 ****	3—— <b>4</b> -017 *25.00
OTHER FILINGS	REGIST	RATION/QUA	<u>LIFICATION</u>		
Annual Report Fictitious Name	Rein	ited Partnership statement lemark			 
			Examiner's Ini	tials	

CR2E031(7/97)

## 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.

agent, or both, the the state of 1 to take.		
1. The name of the limited liability company is:	Cypress Pointe II, L.L.C.	<u> </u>
2. The mailing address of the limited liability company	is: 3301 West End Avenue, Su	uite 2003 .
Nashville, TN 37203		
•	· ·	
05/18/2000	M0000000947	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	ffice address as shown on the records	of the
NRAI Servi	ices, Inc.	_
Name		
<u>526 East F</u> Addres	Park Avenue	SFS D
Tallahasse City State a	ee, FL 32301 and Zip	
6. The name and address of the new registered agent and	_	HILED  AUG 20 PM 1: 48  CREYARY OF STATE LANASSEE, FLORID.
John Carter		
Name		
3105 Bay Oaks C	ourt	≥ œ
Florida street address (P.O.		
•		
Tampa FL		
City, State and	d Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of the register lentical. Or, in the case of a Florida I e(s) was/were authorized by an affirm rwise provided in the articles of organ	red office
(Signature of a member or authorized representative of a member)	<u></u>	
C. Harris Haston (Printed or typed name of signee)	····	·
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp (Signetire of Registered Agent)	d agree to act in this capacity. I furt, proper and complete performance of position as registered agent as provincely reflect a change in the registerally has been notified in writing of the	her agree to f my duties, ided for in ered office iis change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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**FILING FEE: \$25.00**