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Account Number : FCA000000023 : (850)222-1092 Phone

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Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE OLD KINGS ROAD, LLC

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JAN 2 6 2009

EXAMINER

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 understand 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:	OLD KINGS ROAD, LLC
2. (a) Principal office address of limited liability company	y: 7915 BAYMEADOWS WAY
(Note: MUST BE STREET ADDRESS)	SUITE 300 JACKSONYILLE FL 32256
(b) Mailing address of limited liability company:	7915 BAYMEADOWS WAY
(Note: MAY BE POST OFFICE BOX)	SUITE 300 JACKSONVILLE FL 32256
02/23/2006	M06000001113
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	WODRICH, MICHAELA
Registered Office Address:	1301 RIVERPLACE BLVD., SUITE 1500 🗬 🔾
	IACKSONVILLE FL 32207
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	C T Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pins Island Road
[174707] 247 1 4021 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Plantation, ,FL33324
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. Signature of a member or authorized representative of a member	
Printed or typed name of algree	
I hereby accept the appointment as registered avent 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 accument 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.	
CT Corporation System World a also all	Barbara A. Hurko
Signature of Registered Agent	Special Assistant Secretary

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

INHS18 (05/08)

By: