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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 NOV - 6 AM 8:40  
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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
EXCEL FOXWOOD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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J. SAULSBERRY  
EXAMINER  
NOV 7 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXCEL FOXWOOD 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:

Jennifer Sattley

Name of Person

EXCEL FOXWOOD LLC

Firm/Company

17140 Bernardo Center Drive, Suite 300

Address

San Diego, CA 92128

City/State and Zip Code

js@exceltrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Sattley

Name of Person

at ( 858 ) 613-8100

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

INHS18 (5/08)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV - 6 AM 8:40

**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: EXCEL FOXWOOD LLC
2. (a) Principal office address of limited liability company: 17140 Bernardo Center Drive, Suite 300  
San Diego, CA 92128  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: 17140 Bernardo Center Drive, Suite 300  
San Diego, CA 92128  
*(Note: MAY BE POST OFFICE BOX)*
3. Date of filing/registration in Florida: 10/08/2010
4. Document number: MI000004461
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
       Registered Agent: CORPORATION SERVICE COMPANY  
       Registered Office Address: 1201 HAYS STREET  
       TALLAHASSEE FL 32301-2626 US
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
       NEW Registered Agent: CT Corporation System  
       NEW Registered Office Address: 1200 South Pine Island Road  
       (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

2010 NOV - 6 AM 02:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Melissa Zanoletti  
 Signature of a member or authorized representative of a member

Melissa Zanoletti, Member  
 Printed or typed name of signee

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.

Nicole Chouinard  
 Signature of Registered Agent      Nicole Chouinard, Assistant Secretary

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

INHS18 (03/08)