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•	ACCOUNT NUMBER:	FCA000000005	0 (
	REFERENCE: (Sub Account)	2013905-2	
	DATE:	<u> 1-19</u>	
	REQUESTOR NAME:_	LEXIS 10)000027463412
كلت.	ADDRESS:		
			SECRETARY DIVISION OF CO
	Telephone: (_) () ext (_	
	CONTACT NAME:		PH 2: 03
	CORPORATION NAME:	Merry Land LL	-C O3
	DOCUMENT NUMBER: (if applicable)		
	AUTHORIZATION:	C-Woodyard	- Change
	CERTIFIED COL	OF STATUS (1-9)	agent
	() Call When Rea Walk In () Mail Out	() Will Wait mgg-(1	84) After 4:30 Pick Up
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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 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. The name of the limited liability company is: Merry Land LLC 2. The mailing address of the limited liability company is: 624 Ellis Street. Augusta, GA 30901 10-14-98 m98000001184 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: C T Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Lexis Document Services Inc. Name 3953 WW Kelley Road Florida street address (P.O. Box NOT acceptable) 32301 Tallahassee, City, State and Zip 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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company. une (Signature of a member or authorized representative of a member) 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. 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. Madly Rest Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

INHS18(9/97)