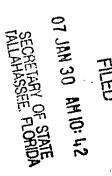


(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
•		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	3	
· ·		
i		
•		n n
		1
<u> </u>		
	Office Use On	
		July 100
		17
	1	Je "



01/30/07--01007--012 **335.00



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:	FEC Lakes, LLC
2. The mailing address of the limited liability co	mpany is: 10151 Deerwood Park Blvd., Building 100,
Suite 350, Jacksonville, FL 32256	
02/28/2006	L06000021700
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: Heidi J. Eddins One Malaga Street St. Augustine, FL 3	Address
City, 6. The name and address of the new registered ag Heidi J. Eddins 10151 Deerwood Pa	Name rk Blvd., Building 100, Suite 350
Jacksonville	FL 32256 tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	
Heidi J. Eddins, Secretary	
and I am familiar with and accept the obligation: Chapter 608, F.S. Or, if this document is being f	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.

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