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| (Re | questor's Name) | | |
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| | | | |
| (Address) | | | |
| (Ad | ldress) | | |
| (Cil | ty/State/Zip/Phon | e #) | |
| <u></u> | _ WAIT | MAIL | |
| _ | • | _ | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate: | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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T. HAMPTON

OCT 13 2011

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|------------------|--|--|--|
| | • | | |
| SUBJ | SUBJECT: AU Parkway LLC | | |
| | Name of | f Limited Liability Company | |
| Dear S | Sir or Madam: | | |
| The en | nclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning | ng this matter to the following: | |
| | | | |
| James E. Bridges | | | |
| | Name of Person | | |
| | AU Parkway LLC | | |
| | Firm/Company | | |
| | 128 Golden Gate Point #10 | 001 | |
| | Address | | |
| | | | |
| | Sarasota Florida 34236 | | |
| | City/State and Zip Code | | |
| | ksmith@lubeofsarasota.co | om | |
| E-1 | mail address: (to be used for future annual report | t notification) | |
| For fu | rther information concerning this mat | itter, please call: | |
| | Kathy Smith | at (941) 954-0200 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| | Registration Section | Registration Section | |
| | Division of Corporations | Division of Corporations | |
| | Clifton Building | P.O. Box 6327 | |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| | Tallahassee, Florida 32301 | | |
| | Enclosed is a check for the followi | ing amount: | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

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: | AU Parkway LLC |
|---|--|
| 2. (a) Principal office address of limited liability compar | ny: 128 Golden Gate Point |
| (Note: MUST BE STREET ADDRESS) | #1001 Sarasota Florida 34236 |
| (b) Mailing address of limited liability company: | 128 Golden Gate Point |
| (Note: MAY BE POST OFFICE BOX) | #1001 Sarasota Florida 34236 |
| 10/07/04 | L04000072976 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | - |
| Registered Agent: | Paul D Beitlich |
| Registered Office Address: | 2033 Main Street Suite 600 |
| | Sarasota Florida 34237 US |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | W Registered Office address: James E. Bridges |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 128 Golden Gate Point #1001 |
| (MOST DE TEORIDA STREET ADDRESS) | Sarasota ,FL34236 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote provided in the articles of organization |
| James E. Bridges | PH |
| Printed or typed name of signee | FLC |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparations. | agree to act in this capacity. Author agree to roper and complete performants of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change. |
| Signature of Registered Agent | |
| Division of Corporations, P.G. Box 6 | 327, Tallahassee, FL 32314 |

FILING FEE: \$25.00