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ION'SER√TĈE COMPANY.	ACCOUNT N	O. : 072100000032
	REFEREN	CE : 803605 5175346
	AUTHORIZATIO	ON : Spullele man
	COST LIM	IT : \$ 35.00
ORDER DATE :	November 24,	2008
ORDER TIME :	10:28 AM	
ORDER NO. :	803605-001	
CUSTOMER NO:	5175346	
	CHANGE O	F AGENT
NAME:	GABLES GP,	INC.
	IED COPY	AS PROOF OF FILING:
CONTACT PERSON	: Doreen Wall	lace
		EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re		
1. The name of the corporation: GABLES GP, I	INC.	
		_
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/04/199	6	
The name and street address of the current register Florida Department of State:	red agent and registered office on file with the	
Cristina F. Sullivan		
777 Yamato Road, Suite 5	10	
Boca Raton, FL 33431		
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office HASSEETARY OF	ロニ に に
Corporation Service Comp	oany SET R	Π
1201 Hays Street	U> NA	C
(P.O. Box NOT accept	ptable)	
Tallahassee, FL 32301		
The street address of its registered office and the st as changed will be identical.	treet address of the business office of its registered agent,	
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
(Signature of an officer or director)	Ashley I Tevell Vice President (Printed or typed name and hitle)	
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change is corporation has been notified in writing of this cha Corporation Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
By: MChull R Vands (Signature of Registered Agent)	NOV-2508	
If signing on behalf of an entity:		
Michelle R. Vannoy, Asst. V.P. (Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
. MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *