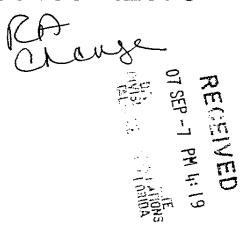
## F9800002109

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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BJA 9/10/07



ON RESTREE COMPANY.							
ACCOUNT NO. : 072100000032							
REFERENCE : 214401 7444590							
AUTHORIZATION :							
AUTHORIZATION: Spelbolena.  COST LIMIT: \$ 55.00.							
ORDER DATE: September 5, 2007							
ORDER TIME : 71:05 PM							
ORDER NO. : 214401-470							
CUSTOMER NO: 7444590							
CHANGE OF AGENT							
NAME: T SUMMERVILLE AT OCOEE, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
VV ETHTM DIWMADN COLI							
CONTACT DEDGON: Vathy Drake							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 unge is submitted for a corporation organized or to change its registered office or registered	l under the law	s of the State of	Delaware	
1. The name of	the corporation: SUMMERVILLE AT	ŗ OCOĘĖ,	INC.	·	
2. The principal	office address: 3000 Executive Pkwy	, Ste 530 S	an Ramon,	CA 94583	
	_	· <u>· · · · · · · · · · · · · · · · · · </u>			<del></del>
3. The mailing a	nddress (if different):			<del>,</del>	
4. Date of incorp	poration/qualification: April 14, 1998	Document n	umber: F980	00002109	
	d street address of the current registered agent rement of State:	and registered	office on file v	vith the	
	HIQ Corporate Services, Inc.	• • • • • • • • • • • • • • • • • • •		•	
	1574 Village Square Blvd, Ste 10	00		TALLY SECO	-77
	Tallahassee, FL 32309		, 5 mm	AETA -	Ë
6. The name and (if changed):	d street address of the new registered agent (if	changed) and	or registered o	-n-11 ===	7
	Corporation Service Company		<u>,</u>	STATE LORID	
	1201 Hays Street			<b>&gt;</b>	
	(P.O. Box NOT acceptable)				-
	Tallahassee, FL 32301			<del></del>	
The street addre as changed will	ess of its registered office and the street add be identical.	ress of the bus	iness office of	its registered	agent,
Such change wa authorized by th	ns authorized by resolution duly adopted by ne board, or the corporation has been notifie	its board of died in writing of	rectors or by a fithe change.	n officer so	
(Signatu	ire of an officer of director)	Fary Ch	ay Ass	4 Sorn	etany
I hereby accept I further agree to of my duties, an document is beli corporation has	the appointment as registered agent and ag to comply with the provisions of all statutes d I am familiar with and accept the obligati ng filed merely to reflect a change in the ref been notified in writing of this change.	rec to act in the relative to the ion of my posit gistered office	his capacity. proper and co ion as register address, I here	mplete perfor ed agent. Or eby confirm th	mance , if this rat the
By:	ion Service Company		9/4/0	7	
	half of an entity:		(wasa)		
	l, Asst. Vice President  ypod or Printed Name)	de de la companya del companya de la companya del companya de la c	· 4	₹ .	

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 \* \* \*