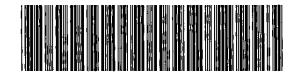
*L00000014465

| (Re | questor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SELECTARY OF STATE
ANASSEE, FLORID

K. SALY EXAMINER NOV 1 8 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: November 12, 2013

Order#: 880050/001

Re: 138 SAN MARCO DRIVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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 liab | oility company: 138 SAN M | MARCO DRIVE, LLC | |
| 2. (a) Principal office add | ress of limited liability com | npany: 6800 Broken Sound Parkwa | ıy |
| (Note: MUST BE STREET ADDRESS) | | Boca Raton, FL 33487 | |
| | | | 70 70 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | 6800 Broken Sound Parkwa | y Fr. 2 |
| | | STE. 200 | المستعد الزيري |
| | | Boca Raton, FL 33487 | <u> </u> |
| 11/17/2000 | | L00000014465 | Fig. 7. |
| 3. Date of filing/registration in Florida | | 4. Document number | 5:0 |
| 5. Date of filling/registration | ni ii i iorida | 4. Document number | |
| | nd Registered Office shows | n on the records of the Florida D | ept. of State: |
| Registered Agent: | | Marc H. Bell | |
| Registered Office Address: | | 6800 Broken Sound Parkwa | ıv |
| | | Boca Raton, FL 33487 | |
| | | | |
| | | ; | |
| (b) Enter name of NEV | V Registered Agent and/or | NEW Registered Office addre | <u>288</u> : |
| <u>NEW</u> Registered A | gent: | Corporation Service Compa | ny |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 1201 Hays Street | |
| | | | |
| | | Tallahassee | ,FL_32301 |
| confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of | ange or changes are made, the registered agent will be by confirmed that the chan liability company or as othe limited liability compa | the laws of the State of Florida, the Florida street address of the ridentical. Or, in the case of a Floge(s) was/were authorized by an herwise provided in the articles only. | egistered office orida limited |
| Signature of a member or authorized | d representative of a member | | |
| MARRO H. BELL | i-managina mem | be R | |
| Printed or typed name of signce | i-managing mem | | |
| By: Wace C | NOW | and agree to act in this capacity, he proper and complete perform ny position as registered agent a to merely reflect a change in the npany has been notified in writin | |
| Signature of Registered Agent | Corporation Servide Compa | ny Grace E. Kirby, Assistant | VP |
| Division | of Corporations, P.O. Bo | ox 6327, Tallahassee, FL 3231 | 4 |

FILING FEE: \$25.00

INHS18 (05/08)