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S. HAWKES

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EXAMINER

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: 27	759 West Fifth Street, L.L.C.
2. (a) Principal office address of limited liability compar	· ·
(Note: MUST BE STREET ADDRESS)	319 Pablo Road Ponte Vedra Beach, Florida 32082
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same Same
01/25/2001	L01000001355
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	John S. Duss, IV. Esq.
Registered Office Address:	10110 San Jose Boulevard Jacksonville, Florida 32257
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	John S. Duss, IV
	John S. Duss, IV
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101 Jacksonville ,FL32216
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability 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
John S. Duss, IV, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 168 F.S. Or, if this document is being filed to maddress I hereby confirm that the limited liability company. Signature of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, sosition as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.

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