## L01000001861

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DIVISION OF CORPORATION

## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 3-10-04

NAME: CHP MAGNOLIA POINTE, LLC

TYPE OF FILING: CHANGE OF RA

COST: \$25

(CK FOR \$60 ATTACHED FOR 2 FILINGS)

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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. The name of the lim	nited liability company is: CHP Magr	polia Pointe, LIC	
2. The mailing address of the limited liability company is		c/o Regency Development Associates,	
1103 West Hibisc	us Blvd., #408, Melbourne, FI	. 32901	
February 5, 2001		L01000001861	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registrorida Department		ce address as shown on the records of the	
	Name 1103 West Hibiscus Blvd.	., #408	=
	Address Melbourne, FL 32901 City, State and	., #408	
6. The name and addre	ss of the new registered agent and/o	ું ભૂ	
	B&C Corporate Services of	Central Florida, Inc.	
	Name 390 North Orange Ave., Sui	te 1100	
<del>.</del>	Florida street address (P.O. Bo	x NOT acceptable)	
	Orlando FL 328	301	
<u> </u>	City, State and Z	ãp .	
confirmed that after the and the business office liability company, it is the members of the lim	e change or changes are made, the F of the registered agent will be ident hereby confirmed that the change(s)	laws of the State of Florida, it is hereby lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or	ı

(Signature of a member or authorized representative of a member)

C. Breck Kean

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Rolance. Noven, VICE President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**