

Division of Corporations
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Division of Corporations

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Account Name : FOLEY & LARDNER Account Number : 072720000061

Phone :

: (904)359-2000

Fax Number

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052609/0105/1845

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## REGISTERED AGENT CHANGE

## ACQUALINA OF JACKSONVILLE BEACH, LLC

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\$35.00

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Fax Audit No.: H07000258412

## 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.

I. The name of the li	mited liability company	y is: Acqualina of Jacksonville Bea	ch, LLC
2. The mailing addre	ss of the limited liabilit	y company is : PO Box 51584,	Jacksonville Beach, FL 32240
04/26/2001		L0100000652	3
3. Date of filing/registration in Florida		4. Document	number
5. The name of the re Florida Departmen	gistered agent and the r	egistered office address as sho	wn on the records of the
	Foley & Lardner		
		Name	
	One Independent	t Drive, Suite 1300	_
	Jacksonville, FL	Address	
		City, State and Zip	
6. The name and add	ress of the new register		OT OC SECRI
	F & L Corp.	·	芸芸
	One Independent	Name Drive, Suite 1300 dress (P.O. Box NOT acceptable	T 22 AM T ARY OF HASSEE, I
	Jacksonville	FL 32202	8: 2: STAT FLORI
	Ci	ty, State and Zip	
confirmed that after t and the business office liability company, it is of the members of the or the operating agree	he change or changes a se of the registered ages is hereby confirmed that e limited lightly comp emerit of the lighted lia	zed under the laws of the State re made, the Florida street address will be identical. Or, in the cut the change(s) was/were authousny or as otherwise provided in bility company.	ress of the registered office
(Signature of a member or a	unthorized representative of a n	nember)	
Herbert L. Underwood	d, Jr., MGR		
(Printed or typod name of s		•	
Signature of Registered As	Health	ed agent and agree to act in thi ative to the proper and comple tions of my position as register ing filed to merely reflect a che shility company has been notific	s capacity. I further agree to te performance of my duties, red agent as provided for in inge in the registered office ed in writing of this change.
Charles V. Hedri	ck, Authorized Signat	ory P O Roy 6327, Tallahassee.	. FL 32314

FILING FEE: \$25.00

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