608

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the documents?

(((H02000176178 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

Phone : (608)827-5300 Fax Number : (608)827-5501 02 AUG -5 PM 2: 33 VISION OF CORPORATION

بې

REGISTERED AGENT CHANGE

TAMPA HORIZONS CENTER, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

INHS18(10/99)

HUZCUUI 101 100

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits grent or both in the State	as of sections 608.416 or 608.508. Florida Statutes, the undersigned limited the fullowing statement in order to change its registered office or registered of Florida.
1. The name of the limited	d liability company is: Tampa Horizons Center, LLC
	the limited liability company is:
5495 Bannergate Drive,	Alpharetta, GA 30022
05/07/2001	L01000007334
3. Date of filing/registrati	on in Florida 4. Document number
	ered agent and the registered office address as shown on the records of the State:
	Name Name
	Name 4855 Pine Tree Drive Address
	Address
	Miami Beach, FL 33140
	City, State and Zip
6. The name and address	of the new registered agent and/or office:
	Business Filings Incorporated
	Name 1000 West Avenue, Suite 1114
	Florida street address (P.O. Box NOT acceptable)
	Miami Beach FL 33139
	City, State and Zip
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement.	npany is not organized under the laws of the State of Florida, it is hereby hange or changes are made, the Florida street address of the registered office if the registered agent will be identical. Or, in the case of a Florida limited reby confirmed that the change(s) was/were authorized by an affirmative vote of a liability company or as otherwise provided in the articles of organization or of the limited liability company.
(Signature of a member or autho-	rized representative of a member)
Douglas Shankwiler, Men	nber
(Printed or typed name of signed)
I hereby accept the appo comply with the provision and I am familiar with all Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	ointment as registered agent and agree to act in this capacity. I further agree to associate the proper and complete performance of my auties, and accept the obligations of my position as registered agent as provided for in this document is being filed to merely reflect a change in the registered office in that the limited liability company has been notified in writing of this change.
· -	on of Corporations, P.O. Box 6327, Tallahassee, FL 32314

+62000(761780

FILING FEE: \$25.00