Division of Corporations Public Access System

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(((H07000258460 3)))



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Division of Corporations

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From:

Account Name : FOLEY & LARDNER Account Number: 072720000061

Phone

: (904)359-2000

Fax Number

: (904)359-8700

REGISTERED AGENT CHANGE

AMELIA CROSSING, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to liability com agent, or bo	the provisions of sections 608.416 pany submits the following statements, in the State of Florida.	or 608.508, Florida Statutes ent in order to change its regi	the undersigned limited stered office or registered
1. The name	of the limited liability company is:	Amelia Crossing, LLC	^
2. The mail	ing address of the limited liability co	ompany is : PO Box 51584, Jack	sonville Beach, FL 32240
10/31/2001		L01000018774	•
3. Date of fi	iling/registration in Florida	4. Document nur	nber
	of the registered agent and the regis epartment of State;		on the records of the
	Foley & Lardner LL		
	One ledeneder De	Name	
	One Independent Dri	Address	
	Jacksonville, Ft 3220		
		State and Zip	
6. The name	and address of the new registered a	gent and/or office:	·
	F & L Corp.		
		Name	2007 ALL SE
	One Independent Driv	ve, Suite 1300	CRECTAL
	Florida street address	s (P.O. Box NOT acceptable)	2007 OCT 2 SECRETAF ALLAHAS:
	Jacksonville	FL 32202	SEC
	City, S	State and Zip	TOF AM
confirmed the and the busing liability com-	I liability company is not organized hat after the change or changes are mess office of the registered agent warrant, it is hereby configured that the bers of the limited liability empany incompany of the limited liability.	nade, the Florida street address ill be identical. Or, in the case e change(s) was/were authorize	Florida, it is hereby of the registered office of a Florida limited do by an affirmative vote
agnature of	nember or authorized representative of a memb	cr)	
Herbert I U	nderwood, Jr., MGR		
	d name of signed)		·
(Signature of R	egistered Agent)		pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
Charles		O. Box 6327, Tallahassee, FI	. 32314

JNHS18 (8/05)

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