L01000021621

(Requ	iestor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
	. • • • • • • • • • • • • • • • • • • •

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OWESTER SHEET SATISFIES

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 limite	ed liability compan	y is: San Antonio	Investments, LLC	<u> </u>
2. The mailing address o	f the limited liabili	ty company is: _		
101 North Monroe Street,	Suite 900, Tallahas	see, Florida 32301	1	·
12/13/2001			L01000021621	
3. Date of filing/registration in Florida		-	4. Document number	
5. The name of the register Florida Department of		registered office	address as shown o	n the records of the
- · · · · · · · · · · · · · · · · · · ·	Charles L. Coop	per, Jr.		
		Name		
3520 Thomasville Road, Suite 200				d.0 0
Address				
Tallahassee, FL 32309				英善 一
		City, State and Zi	p .	罗克 万 肾
6. The name and address	of the new register	ed agent and/or o	office:	FILE PHIZ: 18 SECHELARY OF SIGN
	Charles L. Coop	er, Jr.		7
		Name	12.12.12.1	6 = = = = = = = = = = = = = = = = = = =
	101 North Monro	e Street, Suite 90	00	REC
	Florida street ad	dress (P.O. Box I	NOT acceptable)	v
	Tallahassee	FL 3230	1	
	Ci	ity, State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes a the registered age reby confirmed than the liability comp	are made, the Flor nt will be identica at the change(s) we pany or as otherw	rida street address on the case of the cas	of the registered office of a Florida limited I by an affirmative vote
(Signature of a member or author	ized representative of a r	member)		
(Printed or typed name of signee	KE			
I hereby accept the appo comply with the provision and I am tamiliar with an Chapter 608, F.S. Or, if address, I helpby confirm (Signature of Registered Agent)	intment as register is of all statutes rei d accept the obliga his document is be that the limited lid	red agent and agr lative to the prop ations of my posit eing filed to mere ability company h	ree to act in this cap er and complete pe ion as registered a ly reflect a change ias been notified in	oacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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