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Division of Corporations

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From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, : 076077001702 Account Name

Account Number Phone (407)841-1200

Fax Number ; (407)423-1831

## REGISTERED AGENT CHANGE

SUN-PORT, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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STATEMENT OF C	CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY  and the sections 608.416 or 608.508, Florida Statutes, the undersigned limited to the statement in order to change its registered office or registered in the statement of the statement in order to change its registered office or registered of the statement in order to change its registered of the statement in order to change
Pursuant to the provision liability company submits agent, or both, in the Stat	ns of sections 608.416 or 608.508, Florida Statutes, the junder signed limited s the following statement in order to change its registered office or registered e of Florida.
1. The name of the limite	d liability company is: Sun-Port, LLC
2. The mailing address of	f the limited liability company is:785 S.E. Porcage Avenue,
Port St. Lucie, Fi	
January 15, 2002	L02000001119
3. Date of filing/registrat	
5. The name of the registe Florida Department of	ered agent and the registered office address as shown on the records of the State:
	W. Lee Dobbins
	1903 S. 25th Street, Suite 200
	Address
	Fort Pierce, FL 34947
	City, State and Zip
6. The name and address	of the new registered agent and/or office:
	Dean Mead Services, LLC
	Name 800 N. Magnolia Avenue, Suite 1500
	Florida street address (P.O. Box NOT acceptable)
	Orlando, FL 32803
	City, State and Zip
confirmed that after the c and the business office of liability company, it is he the members of the limite	opany 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 in 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 diability company or as otherwise provided in the articles of organization or of the limited liability company.
(Signature of a rechiberted mutto)	, i
(Photogor typed name of signed	
comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby contin	intment as revistered agent and agree to act in this capacity. I further agree to use of all statutes relative to the proper and complete performance of my duties, 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 a that the limited hability company has been notified in writing of this change.
(Signature of Registered Agent)	W. Lee Dobbins, Vice President

INHS18(10/99)

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