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| (R | equestor's Name) | |
|---|------------------------|--------|
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| . (C | ity/State/Zip/Phone #) | |
| PICK-UP | · WAIT | MAIL |
| (В | usiness Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
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EXAMINER



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CORPORAT

| TION SERVICE COMPANY. | | | | |
|---|--|--|--|--|
| ACCOUNT NO. : I2000000195 | | | | |
| REFERENCE : 385875 7385507 | | | | |
| AUTHORIZATION : | | | | |
| COST LIMIT : \$ 25.00 | | | | |
| ORDER DATE: October 18, 2012 | | | | |
| ORDER TIME : 3:52 PM | | | | |
| ORDER NO. : 385875-002 | | | | |
| CUSTOMER NO: 7385507 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME: 6923 BARTOW, LLC | | | | |
| | | | | |
| | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |
| | | | | |
| | | | | |
| CONTACT PERSON: Stephanie Milnes EXT# 52920 | | | | |

EXAMINER:

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. Name of the limited liability company: 6923 BARTO | W, LLC | |
|--|--|--|
| 2. (a) Principal office address of limited liability compan | y: 1750 N Florida Mango Road | |
| (Note: MUST BE STREET ADDRESS) | Suite 103 | |
| | -West Palm Beach, FL 33409 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1750 N Florida Mango Road | |
| | Suite 103 | |
| | West Palm Beach, FL 33409 | |
| 07/19/2002 | L02000018273 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | - | |
| Registered Agent: | Mapes, Paul | |
| Registered Office Address: | 1601 Belvedere Road, Ste. 407 South West Palm Beach, FL 33406 | |
| | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | | |
| NEW Registered Agent: | Corporation Service Company | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | |
| * | Tallahassee ,FL 32301 6 | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. | et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited | |
| | | |
| (Signature of a member or authorized representative of a member) | • | |
| John Metz, Authorized Representative | | |
| (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie | agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. | |
| By: (Signature ob Register (1 Agent) Corporation Service Company | | |
| (Signature of Kegister of Agent) Corporation Service Company | Sylvia Queppet, Asst. Vice President | |

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