L0200019827

(Requestor's Name) (Address)
(Address)
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
One in the second of the secon
Special Instructions to Filing Officer:

Office Use Only



400102326074

05/15/07--01013--007 **325.00

SECRETARY OF STATE STATE OF CORPORATIONS OF CORPORATIONS



May 22, 2007

Florida Department of State Division of Corporations Attn: Russell Hunt P.O. Box 6327 Tallahassee, FL 32314

RE: St. Cloud - 192, L.L.C. Ref. Number: L02000019827

Please file the attached corrected change of agent form for the referenced company. Enclosed please find your letter regarding the original rejected filing. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell

Senior Corporate Specialist

Encl.



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 limited	l liability com	pany is: St. Cloud-1	92, LLC		
2. The mailing address of				aton Rouge, LA 708	<u>08</u> .
4/14/04			L02000019827		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S		the registered office	address as shown or	the records of the	
	CT Corporation				
		Name	•		
1200 South Pine Island Road					
	Diamenta m	Address			
	Plantation, FL	City, State and Z	Gip .		
6. The name and address o	f the new regi	• •	•	0	9
o. The name and address of	I the new regi	stered agent and/or	office.	07 MAY 29	NSI NSI
1	NRAI Services,	Inc.		A.	是否。
,	1704 Evanutiva	Name		29	
_		Park Drive, Suite 4	NOT acceptable)	PH	중의
	rioliua stiee	t address (P.O. Box	NOT acceptable)		957 957
<u>'</u>	Weston	FL 3333	1	1: 44	4.E.
		City, State and Zij)		<u>(0</u>
If the limited liability components of the character of the business office of the liability company, it is here the members of the limited the operating agreement of the limited of the components of the limited the operating agreement of the limited of the lim	ange or chang he registered by confirmed lability com	es are made, the Floagent will be identiced that the change(s) pany or as otherwise ability company.	orida street address o	f the registered office of a Florida limited	
Deborah P. Travis, Secretary (Printed or typed name of signee)	/				
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm t NRAI Services, Inc.	ntment as regi. of all statutes l accept the ob is document i that the limite	stered agent and ag s relative to the pro sligations of my pos s being filed to mer d liability company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	acity. I further agr rformance of my du zent as provided foi in the registered off writing of this char	ree to ties, r in fice ige.

(Signature of Registered Agent)
Denise Bell. Asst. Secv.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)