

W2 000020012

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(Requestor's Name)

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(City/State/Zip/Phone #)

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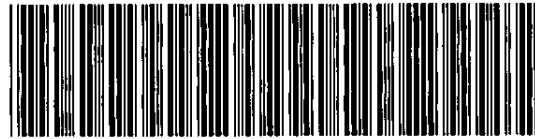
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

APR - 3 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGNOLIA PARTNERS, L.L.C.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN.P. DANIEL  
(Name of Person)

BEGGS & LANE, R.L.L.P.  
(Firm/Company)

501 COMMENDENCIA STREET  
(Address)

PENSACOLA, FL 32502 US  
(City/State and Zip Code)

**FILED**  
2009 APR -2 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Larry Covington at ( 678 ) 624-9986  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MAGNOLIA PARTNERS, L.L.C.

2. (a) Principal office address of limited liability company: MAGNOLIA PARTNERS, L.L.C.  
**(Note: MUST BE STREET ADDRESS)** 16470 FREEMANVILLE ROAD  
ALPHARETTA, GA 30004

(b) Mailing address of limited liability company: MAGNOLIA PARTNERS, L.L.C.  
**(Note: MAY BE POST OFFICE BOX)** 16470 FREEMANVILLE ROAD  
ALPHARETTA, GA 30004

08/06/2002  
3. Date of filing/registration in Florida

L02000020012  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: FRANKLIN WATSON  
Registered Office Address: 5365 E. COUNTY HWY 30A SUITE  
SEAGROVE BEACH, FL 32459

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: JOHN P. DANIEL  
NEW Registered Office Address: BEGGS & LANE, R.L.L.P.  
**(MUST BE FLORIDA STREET ADDRESS)** 501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

MERCER WILLIAMS / MGR- SM MANAGER, L.L.C.  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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