## L02000021306

(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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B. BOSTICK OCT **2 5** 2012

EXAMINER



## CORPORATION SERVICE COMPANY

ACCOUNT	NΩ	•	120000000195

REFERENCE : 385875 7385507

Septet . Septet

COST LIMIT : \$ 25.00

ORDER DATE: October 18, 2012

ORDER TIME : 3:56 PM

ORDER NO. : 385875-009

CUSTOMER NO: 7385507

## CHANGE OF AGENT

NAME: 7343 LADY LAKE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

SECRETARY OF STATE

## 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

u	ine	since of Proridu,					
1.	Nai	ne of the limited liability company: 7343 L	ADY LA	KE, LLC		<del></del>	
2.	(a)	Principal office address of limited liability c (Note: MUST BE STREET ADDRESS)	ompany:	1750 N Florida Mango Road Suite 103		·	
(b)			-	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			
۸	ያ/10	/2002		L02000021306			
			_				
3.	Dat	e of filing/registration in Florida	.4.	Document number			
5.	(a)	Registered Agent and Registered Office sho	wn on th	e records of the Florida Dept. o	f State:	•	
		Registered Agent:	-	Mapes, Paul			
		Registered Office Address:	1601 Belvedere Road, Suite 407 South				
			_	West Palm Beach, FL 33406	ASS	<u> </u>	
			_			<u>업</u>	Arriva L ∰
	(b)	Enter name of NEW Registered Agent and	or <u>NEW</u>	Registered Office address:	ASSE ASSE	24	manufer of the second
		NEW Registered Agent:		Corporation Service Company	Me	7.3. T.X.	ga sarah
				1201 Hays Street	ES S	AM 10: 0	'tme#
		(MUST BE FLORIDA STREET ADDRES	<u>(S)</u>	Γallahassee ,F	L 32301	<u> </u>	
tha off hei lia	at aft fice of reby bilit	imited liability company is not organized under the change or changes are made, the Florid of the registered agent will be identical. Or, is confirmed that the change(s) was/were authors company or as otherwise provided in the are liability company.	da street a in the cas orized by	address of the registered office e of a Florida limited liability of an affirmative vote of the mem	and the tompany, the bers of t	ousine , it is he lim	ess nited

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

Authorized Representative

(Printed or typed name of signee)

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 acgistered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President

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