LOROSON 22357

| (Requestor's Name) |
|---|
| (Address) |
| . (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY DE STA

"APPROVED AND FILED

D. BRUCE

OCT 25 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 385875

AUTHORIZATION

COST LIMIT

ORDER DATE: October 18, 2012

ORDER TIME : 3:54 PM

ORDER NO. : 385875-005

CUSTOMER NO: 7385507

CHANGE OF AGENT

NAME: 6927 NEW SMYRNA BEACH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY 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: 6927 NEW S | MYRNA BEACH, LLC |
|---|---|
| 2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>) | ny: 1750 N Florida Mango Road Suite 103 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | West Palm Beach, FL 33409 |
| | 1750 N Florida Mango Road |
| | Suite 103 |
| | West Palm Beach, FL 33409 |
| 08/28/2002 | L02000022357 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Mapes, Paul |
| Registered Office Address: | 1601 Belvedere Road, Suite 407 South |
| | West Palm Beach, FL 33406 |
| | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| | \$ 2 n |
| NEW Registered Agent: | Corporation Service Company |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |
| | Tallahassee FI 32301 = |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited 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 Representati | tive |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part 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 roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby |

(Signature of Registered April) Corporation Service Company Sylvia Queppet, Asst. Vice President

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

FILING FEE: \$25.00