

LO2000034244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

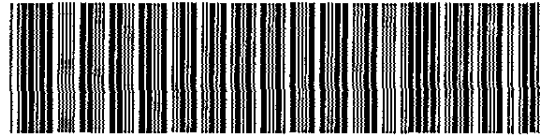
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 18 AM 11:57
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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03 SEP 18 PM 4:25
TALLAHASSEE, FLORIDA

Joni Jacobsen
 Requester's Name

215 S. Monroe Street, Ste. 400
 Address

Tallahassee, FL 32301 681-6810
 City/State/Zip Phone #

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 FILED
 TALLAHASSEE, FL 32301

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

[REDACTED]
 (Corporation Name) (Document #)

[REDACTED]
 (Corporation Name) (Document #)

3. Highlands Lake Center, LLC L02000034244
 (Corporation Name) (Document #)

[REDACTED]
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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 liability company is: Highlands Lake Center, LLC
2. The mailing address of the limited liability company is : 8800 Grand Oak Circle, Ste. 400
Tampa, FL 33637

3. Date of filing/registration in Florida 12/19/2002 4. Document number L02000034244

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Marilyn Wood Name
8800 Grand Oak Circle, Ste. 400 Address
Tampa, FL 33637 City, State and Zip

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6. The name and address of the new registered agent and/or office:
David J. Powers, P.A. Name
7777 Glades Road, Suite 300 Address
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33434 City, State and Zip

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.

Marilyn Wood
(Signature of a member or authorized representative of a member)
Marilyn Wood, President
(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.
David J. Powers, President
(Signature of Registered Agent)

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