

		
ATTORNEY sum 315 EAST	N, KISER & SU S AND COUNSE 600. landmark cen robinson street • 1 NDO, FLORIDA 321	TER ONE P.O. BOX 3000
(Cit	y/State/Zip/Phone	#)
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02/04/04--01020--004 **25.00

STATEMEN 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:	Southland Suites of Mel	bourne LLC
2 The mailing address of t	he limited liability cor	many is . 300 N. Ronald	Reagan Blvd., Suite 311_
Longwood, FL 32750	in initioa naoming con		·
			*
12/23/2002		L020000346	
3. Date of filing/registratio	n in Florida	4. Document n	umber
5. The name of the registere Florida Department of St	tate:	ered office address as show	n on the records of the
_	Huey, Norman L.		_
_	<u></u>	Name gan Blvd., Suite 311	TAL
Address Longwood, FL 32750			
-		State and Zip	
6. The name and address of	-	~	SSEE
	Charles B. Costar, I	II	
-	315 East Robinson	Jame Street, Suite 600	12: 57 12: 57
_	Florida street address	(P.O. Box NOT acceptable	(*)
<u>.</u>	Orlando	FL 32801	<u> </u>
	City, St	tate and Zip	
WE	ange or changes are manned the registered agent will by confirmed that the liability company or a the limited liability contains the limited liability contains and the liability and the liabil	ade, the Florida street addre Il be identical. Or, in the ca change(s) was/were authories otherwise provided in the ompany.	of Florida, it is hereby ss of the registered office se of a Florida limited zed by an affirmative vote of articles of organization or
(Signature of a member or authorize	ed representative of a member	r)	
Alan C. Plush		<u></u> ;	
(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 the address, I hereby continue	itment as registered ag of all statutes relative accept the obligations is document is being f hat the limited lightly	tent and agree to act in this to the proper and complete s of my position as registere iled to merely reflect a char y company has been notified	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office d in writing of this change.

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

FILING FEE: \$25.00

(Signature of Registered Agent)