

(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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**EXAMINER** 



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NECRETARY OF STATE
NECRETARY OF

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Campus Environments, LLC of Limited Liability Company
Dear Sir or Madam:	, ,
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Kingsley Charles	
Name of Person	
Ascentia FE Firm/Company	
12157 W. Linchaugh	. Av. Suite 322
Trunpa FL 33626  City/State and Zip Code	
E-mail address: (no be used for future annual rep	CCM ort notification)
For further information concerning this n	natter, please call:
CASEY Wilson	at 813 448 - 6558
Name of Person  STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number  MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	wing 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.

Name of the limited liability company:	Urban Campus Environments, LLC
2. (a) Principal office address of limited liability	company: 1560 WEST CLEVELAND ST.
(Note: MUST BE STREET ADDRESS)	TAMPA FL 33606
(b) Mailing address of limited liability compar	ny: 1560 WEST CLEVELAND ST.
(Note: MAY BE POST OFFICE BOX)	TAMPA FL 33606
01/28/2003	L0300003245
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	hown on the records of the Florida Dept. of State:
Registered Agent:	JEFFREY, LASMAN M
Registered Office Address:	1560 West Cleveland St  Tampa, FL 33606   → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:  NEW Registered Office Address:	InCorp Services, Inc.
MUST BE FLORIDA STREET ADDRE	Loxahatchee ,FL33470
If the limited liability company is not organized un confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company or or the operating agreement of the limited liability.  Signature of a member or authorized representative of a member	de, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization
MICHAEL HAMBELTON	
Printed or typed name of signee	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 108, K.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Egistored Agent	es, Inc.

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