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SECRETARY DESTATE

ALL AMASSEE DE COMM

K.SALY EXAMINER MAY 15 2012



| ACCOUNT NO. : I2000000195 | | | |
|---|--|--|--|
| REFERENCE : 172835 7882488 | | | |
| AUTHORIZATION: | | | |
| COST LIMIT : \$ 25.00 | | | |
| ORDER DATE : April 18, 2012 | | | |
| ORDER TIME : 4:47 PM | | | |
| ORDER NO. : 172835-035 | | | |
| CUSTOMER NO: 7882488 | | | |
| | | | |
| CHANGE OF AGENT | | | |
| | | | |
| NAME: TURNURE FLORIDA PROPERTIES, L.L.C. | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | |
| | | | |
| CONTACT PERSON: Becky Peirce EXT# 2919 | | | |
| 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.

| Name of the limited liability company: TURNURE FLORIDA PROPERTIES, L.L.C. | | | |
|---|---|--|--|
| 2. (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | : 4015 CASEY KEY RD NOKOMIS FL 10013 UN | |
| (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 7350 S TAMIAMI TRAIL #188 SARASOTA FL 34231 | |
| 04/16/2003 | | L03000013648 | |
| 3. Da | te of filing/registration in Florida | 4. Document number | |
| 5. (a) | Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: | |
| | Registered Agent: | MCGINNESS, W. LEB | |
| | Registered Office Address: | MCGINNESS, W. LEE 1800 SECOND ST., STE. 971 SARASOTA FL 34236 US | |
| | | ## ## ## ## ## ## ## ## ## ## ## ## ## | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | NEW Registered Agent: | Corporation Service Company | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | |
| (MUSI BE FLURIDA STREET ADDRESS) | | Tallahassee ,FL 32301 | |
| 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. (Signature of a member or authorized representative of a member) | | | |
| | | | |
| (Printed | d Turnure, Member or typed name of signee) | | |
| I here comply am fan F.S. O confirm | by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- viliar with and accept the obligations of my position a r, if this document is being filed to merely reflect a cl that the limited Hability company has been notified | ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change. | |
| 3v: T | Grace E. Kirby, Assistant V.P. Te of Registered Agent) Corporation Service Company | | |

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