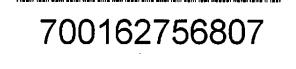
L03000016236

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status Communication Certificates of Status Communication Certified Copies		
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C. LEWIS NOV 1 7 2009 EXAMINER

CÖVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	The Avenue at Westchase, LLC Name of Limited Liability Company
	- Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Alan C. Cha	
Name of Ferson	1
The Avenue of Mee	tahana II.C
The Avenue at Wes	
2245 M. Sand Laka I	2d Suita 100
2345 W. Sand Lake F	<u> </u>
Orlando, FL 3	32800
City/State and Zip	
bill	
`	pecialists com
E-mail address: (to be used for future a	innual report notification)
For further information concerning	α this matter please call:
To future mornation concernity	g tiris matter, please can.
Alan C. Charron	040,0000
Name of Person	at (407) 812-8000 Area Code & Daytime Telephone Number
(, new source of pay while receptions . tunios
STREET/COURIER ADDI	
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
Tallahassee, Florida 32301	e Tallahassee, Florida 32314
rananassee, monda 32301	
Enclosed is a check for the	ne following 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.

agein, et com, in the state of 1 to that.	
1. Name of the limited liability company:Th	ne Avenue at Westchase, LLC
2. (a) Principal office address of limited liability compa	ny: 2345 W. Sand Lake Rd., Suite 100
(Note: MUST BE STREET ADDRESS)	
(1.00.1.10.1.10.1.10.1.10.1.10.1.10.1.1	Orlando, FL 32809
(b) Mailing address of limited liability company:	2345 W. Sand Lake Rd., Suite 100
(Note: MAY BE POST OFFICE BOX)	
1	Orlando, FL 32809
05/06/2003	L03000016236
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	4. Document number number n the records of the Florida Deport State:
Registered Agent:	Douglas W. Oswald
Registered Office Address:	600 Courtland St., Suite 170
	Orlando, FL 32804
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Alan C. Charron
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2345 W. Sand Lake Rd., Suite 100
	Orlando ,FL32809
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or sutherized representative of a member Alan C. Charron	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
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 pand I am familiar with and accept the obligations of my Chapter 508, F.S. Or, if this document is being filed to hadress I hereby confirm that the limited liability company is address.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.
Signalate of Registered Agent	SSS T
Division of Corporations, P.O. Box (FILING FEE:	