## L03000016690

(Requestor's Name)  (Address)	600162187726
. (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/22/0901020001 ***
(Business Entity Name)	Change of R
(Document Number)	
Certified Copies Certificates of Status \cdots	L03-166
Special Instructions to Filing Officer:	SECRLIANDS OF STATE ALLANASSEE, FLORIDA

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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.

1. Name of the limited liability company:5	061 Shawland Road, L.L.C.
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	300 East State Street  Jacksonville, Florida 32202
(b) Mailing address of limited liability company:	2 7
(Note: MAY BE POST OFFICE BOX)	Same
05/08/2003	L03000016690 654 65
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Agent:	John S. Duss, IV, Esq.
Registered Office Address:	Ford, Jeter, Bowlus, et al.  10110 San Jose Boulevard  Jacksonville, Florida 32257
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	John S. Duss, IV
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101 Jacksonville ,FL32216
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 oth or the operating agreement of the limited liability company.  Signature of almember or authorized representative of a member  John S. Duss, IV, Authorized Person  Printed or typed name of signee	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ay.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	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 perely reflect a change in the registered office ny has been notified in writing of this change.

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