

Division of Corporations

Page 7 of 1

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000220848 3)))



H070002208483ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2007 SEP -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations

Fax Number : (850) 205-0380

Account Name : C T CORPORATION SYSTEM

Account Number : FGA000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5926

LS

REGISTERED AGENT CHANGE

BLAREN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP -4 AM 10:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**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. The name of the limited liability company is: Blaren, LLC
2. The mailing address of the limited liability company is: 121 West Trade Street, Suite 2800, Charlotte, NC 28202

July 9, 2003 200122859
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
2731 Executive Park Drive
Address
Weston, FL 33331
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

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.

William P. Lecler
(Signature of a member or authorized representative of a member)

William P. Lecler
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michael E. Jones
(Signature of Registered Agent) Assistant Secretary

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

INHS18 (8/05)

FL013 - 08/09/2003 C.T. System Online

FILED

-4 AM10:45

FL DEPT OF STATE
RECEIVED