## 103000037321

(Requestor's Name)				
(Address)				
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(0)	101-1- (7' - ID)			
(Cii	ty/State/Zip/Phone	∌#)		
PICK-UP	WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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TALLAHASSEE, FISIALE

D. BRUCE

JUL 0 6 2011

**EXAMINER** 



ION SERVICE COMPANY.				
ACCOU.	NT NO. :	1200000	00195	
REF	ERENCE :	820337	7143029	
AUTHORI	ZATION :			<b>3</b> .
COST	LIMIT :	\$ 25.00	Indial	enan
ORDER DATE : June 21,	2011			
ORDER TIME : 4:49 PM				
ORDER NO. : 820337-39	9			
CUSTOMER NO: 714302	9			
CHANG	GE OF AGE	<u>nt</u>		
NAME: LONG GA	ATE, L.L.	C.		II JU
PLEASE RETURN THE FOLLOW  CERTIFIED COPY XX PLAIN STAMPED CO		ROOF OF FI	LING:	JUL-6 FHIZ 25 AHASSEE, FLORIDA
CONTACT PERSON: Jeanine	e Reynolds	s EXT#	2933	

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: LONG GATE, L	L.C.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 2898 66TH ST. N. ST. PETERSBURG, FL 33710
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 47512 SAINT PETERSBURG FL 33743
09/30/2003	L03000037321
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:	LAWRENCE M LOTT
Registered Office Address:	2898 66TH ST. N.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  Blanca Lozada, Authorized Person (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a	at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited forganization or the operating agreement of the
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited ligbylity company has been notified	ŏper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

cred Agent) Corporation Service Company Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00** 

Elizabeth A. Dawson, Asst. Vice President