DEAN MEAD ORLANDO

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(((H10000219120 3)))



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## LLC REGISTERED AGENT CHANGE ETHERIDGE-LAKELAND, LLC

Certificate of Status	0
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C. LEWIS

OCT 6 2010

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## (((H10000219120 3))) 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:ET	HERIDGE-LAKELAND, LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	17 S. WESTMORELAND DR ORLANDO, FL 32805
(b) Mailing address of limited liability company:	·
(Note: MAY BE POST OFFICE BOX)	17 S. WESTMORELAND DR. ORLANDO, FL 32805
12/16/2003	L03000053571
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:	EDNA R. ETHERIDGE
Registered Office Address:	803 N. LAKE ADAIR BLVD
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	TIMOTHY J. O'TOOLE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 EAST PINE STREET SUITE 801 ORLANDO,FL32801
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  LYNNE ETHERIDGE SEARS, AS CO-TRUSTEE	
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 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 m address, I hereby confirm that the limited liability compa	

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