## L04010005553

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## 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 limit	ted liability company i	s: Blue Orchar	d, LLC	
2. The mailing address of	of the limited liability	company is: 130	00 Thomaswood	Drive,
Tallahassee, Florida				
<u>,</u>			0.4000005550	^
1/21/2004			.04000005553	
3. Date of filing/registra	ition in Florida	4.	Document number	<b>F</b>
5. The name of the regis Florida Department of		gistered office add	ress as shown on the	he records of the
	Curtis B. Hunter			型品
	1300 Thomaswoo			EC 2
	Tallahassee, Flor	Address ida 32308 y, State and Zip		he records of the SECIAHASSEE, FLORIDE 12
		•		757 B
6. The name and address	s of the new registered	agent and/or office	e:	2 2
	Garvin B. Bowder	n		P
	1300 Thomaswoo	Name od Drive		
	Florida street addre	ess (P.O. Box <b>NO</b>	T acceptable)	
	Tallahassee	<sub>FL</sub> 32308		
	City,	, State and Zip		
If the limited liability co confirmed that after the and the business office of liability company, it is hithe members of the limit the operating agreement	change or changes are of the registered agent ereby confirmed that the diability company of of the limited liability	made, the Florida will be identical. he change(s) was/ or as otherwise pro company.	street address of the	he registered office
(Signature of a member or author	orized representative of a men	nber)		
(Printed or typed name of signe	•			
I hereby accept the app comply with the provision and I am familiar with a Chapter 508, F.S. Or, if address, I hereby confirm	ointment as registered ins of all statutes relat ind accept the obligation this document is bein in that the limited liabi	agent and agree ive to the proper of ons of my position of filed to merely r lity company has	to act in this capac and complete perfo as registered agei eflect a change in been notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)				
	ion of Corporations,	P.O. Box 6327, T	allahassee, FL 32	2314
INHS18(10/99)	FIL	ING FEE: \$25.00	)	