

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fox Number : (850) 205-0380

Account Name : GARTNER BROCK & SIMON

Account Number : I19890000204

Phone

: (904)399-0870

Fax Number

: (904)399-1113

REGISTERED AGENT CHANGE

MERRY PROPERTIES, LLC

Certificate of Status	1
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Pursuant to the provision. liability company submits agent, or both, in the State	s of sections 608.411 the following statemo of Florida.	6 or 608.508 ent in order 1	, Florida Statutes, The to change its register	ECRETKIBNED LIMITED PRIORITED FOR LORIDA
). The name of the limited	liability company is:	MERRY PRO	PERTIES, LLC	
2. The mailing address of	the limited liability co	ompany is : _i	2916 University Bo	oulevard West,
Suite 200, Jackson	ville, Florida 32	2217		
July 2, 2004			Lo4000049747	
3. Date of filing/registration	on in Florida		4. Document number	
5. The name of the register Florida Department of S	ed agent and the regis tate:	stered office s	iddress as shown on th	e records of the
-	Mary	Name	n	
	One Independe		Suite 2600	
- -		Address	-	
		State and Zi		
6. The name and address of				
-		ry G. Law		
		Name orimier Ros	i d	
····	Florida street addres	s (P.O. Box I	(OT acceptable)	
•	Jacksonville	FL.	32207	
•		State and Zip		
If the limited liability componing the chiand the business office of the liability company, it is here the members of the limited the operating agreement of the operations of the oper	ange or changes are not the registered agent we by confirmed that the liability company or the limited liability contains a member of a me	nade, the Flor ill be identica a change(s) w as otherwise company.	ida street address of the large of a salvers authorized by provided in the article	re registered office Florida limited an affirmative vote of s of organization or
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if it address, I hereby confirm the companies of Registered Agent)	of all statutes relative accept the obligation is document is being that the limited Itabili	ie to the procing of my positification in the procing of the procing and the p	er and complete pario ion as registered agei ly reflect a change in las been notified in wr	rmance of my dunes, mi as provided for in the registered office iting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE; \$25.00

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