

DOCUMENT# L04000029637

Entity Name: DICKINSON 5439 BLANDING, LLC

New Principal Place of Business:

WALTER D. DICKINSON
ONE INDEPENDENT DRIVE STE. 2401
JACKSONVILLE, FL 32202

New Mailing Address:

WALTER D. DICKINSON
ONE INDEPENDENT DRIVE STE. 2401
JACKSONVILLE, FL 32202

FEI Number: _____ **FEI Number Applied For ()** _____ **FEI Number Not Applicable (X)** _____ **Certificate of Status Desired ()** _____

Name and Address of New Registered Agent:

DICKINSON, WALTER D
ONE INDEPENDENT DRIVE STE. 2401
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DICKINSON, WALTER D
Address: ONE INDEPENDENT DRIVE STE. 2401
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WALTER D DICKINSON MGR 03/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date