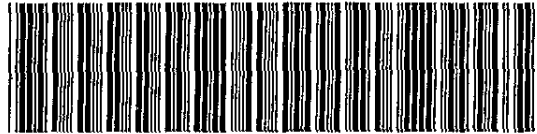


L04000045411

Woodland Services Management LLC
(Requestor's Name)



500040364925

Sand Lake Center
(Address)

7380 Sand Lake Road, Ste 500
(Address)

Orlando, FL 32819
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W. P. Verifier	DCC

**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 limited liability company is: WOODLAND SERVICES MANAGEMENT LLC
2. The mailing address of the limited liability company is : SAND LAKE CENTER,
7380 SAND LAKE ROAD SUITE 500 ORLANDO FL32819

16 JUNE 2004

L04000045411

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FRONTLINE FLORIDA PROPERTY MANG

Name

206 CORK WAY

Address

DAVENPORT FL 33897

City, State and Zip

6. The name and address of the new registered agent and/or office:

ANDREW LEE

Name

7380 SAND LAKE ROAD SUITE 500

Florida street address (P.O. Box NOT acceptable)

ORLANDO

FL 32819

City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ALEG JAMES WILLIAM TURNER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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