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ACCOUNT NO. : 072100000032 REFERENCE : 709500 4321919 AUTHORIZATION : ORDER DATE: January 11, 2007 ORDER TIME : 11:18 AM ORDER NO. : 709500-215 CUSTOMER NO: 4321919 CHANGE OF AGENT NAME: GRAYTON RETREAT, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace -- EXT# 2928 EXAMINER:

## 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 compa	ny is: GRAYTON	RETREAT, LLC		
2. The mailing address of the limited liability company is:				
3800 Corporate Woods Drive, Suite 100, Birmingham, AL 35242				
September 21, 2004		L04000068816		
		4. Document nur	mber	
5. The name of the registered agent and the Florida Department of State:	registered office	address as shown	on the records of the	
•	Scott B. Barloga		л <i>О</i> .	
Name Put 7				
220 McKenzie Avenue				
Address Penema City FL 32401				
Panama City, FL 32401  City, State and Zip				
Name  220 McKenzie Avenue  Address  Panama City, FL 32401  City, State and Zip  6. The name and address of the new registered agent and/or office:				
Corporation Service Company				
Name				
1201 Hays Street				
Florida street address (P.O. Box NOT acceptable)				
Tallahassee		32301		
C	City, State and Zij	p		
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed the of the members of the limited hability company or the operating agreement of the limited l	are made, the Florent will be identi- nat the change(s) npany or as other lability company.	orida street address	of the registered office	
Jack Fiorella III, Sole Manager				
(Printed or typed name of signee)		-		
I hereby accept the appointment as registe comply with the provisions of all statutes r and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is laddress, I hereby confirm that the limited leading to the state of the state	ered agent and ag elative to the pro- gations of my pos- peing filed to mer liability company	gree to act in this co per and complete p lition as registered ely reflect a chango has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent) Michelle R. Vannov.	Asst. Vice Presiden	t		

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