(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. LUNT
OCT 17 2012

Office Use Only

EXAMINER



200240654902



TON SENTIFICE SOMITANT					
ACC	COUNT NO. :	120000	0000195		
F	REFERENCE :	375267	7685614		
AUTHO	RIZATION :		Spull ole	na	
CC	ST LIMIT :	\$ 25		MIZ ST	
ORDER DATE : October	9, 2012			MESSE IS	
ORDER TIME : 9:26 A	M				m
ORDER NO. : 375267-	-006			SF SAI	
CUSTOMER NO: 7689	5614			DM F	
NAME: LA I	HANGE OF AGE		2		
PLEASE RETURN THE FOI CERTIFIED CON XX PLAIN STAMPEN	PΥ	PROOF OF	FILING:		
CONTACT PERSON: Hari	ry B. Davis	EXT#			
		1112727171	4 TTT / *		

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. Name of the limited liability company: LA PLACE I	DU BATEAU, LLC		
 (a) Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS) 	ny: 320 Sparta Avenue Sparta, NJ 07871		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 853 Sparta, NJ 07871		encelle m
09/24/2004	L04000069815	TIS ASSE	
3. Date of filing/registration in Florida	4. Document number		m
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept.		U
Registered Agent:	Williams, Robert H. Jr.	· · · · · · · · · · · · · · · · · · ·	
Registered Office Address:	100 N.E. 20th Terrace Deerfield Beach, FL 33441 U	JS	
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:		
NEW Registered Agent:	Corporation Service Company	у	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company	eet address of the registered offic case of a Florida limited liability	ce and the busines company, it is	SS
Robert H. Williams, Jr., Authorized Person (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity. I f proper and complete performance in as registered agent as provide a change in the registered office t ed in writing of this change.	urther agree to ? of my duties, an d for in Chapter (address, I hereby	id I 608,
By: (Signature of Registered Agent) Comparation Service Company			
Company	Sylvia Queppet, Asst. Vice Pre	sident	

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

INHS18 (05/08)