## LD4000080349

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	siness Entity Nam	) (a)
(Da	embes Lilely Man	;c)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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		ACCOUNT NO.	:	0721000000	32		
		REFERENCE	:	472786	7545057	1.09	
		AUTHORIZATION	:	South	Lenar	TO SE	7
		COST LIMIT	:	\$ 25.00	mar	50000000000000000000000000000000000000	7
		September 22, 2	006	·		SEE, FLO	N 8: 38
ORDER TIN	ME :	3:47 PM				Aller	
ORDER NO	<del>.</del> :	472786-365				,	
CUSTOMER	NO:	7545057					
	<del></del>	CHANGE OF		_		<b>- </b> -	
N/	AME:	FONVILLE PRE	SS,	LLC			
PLEASE RI	ETURN	THE FOLLOWING A	s PF	ROOF OF FIL:	ING:		
		FIED COPY STAMPED COPY					
CONTACT 1	PERSO	N: Sara Lea	EXT‡	2914			
				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.

<ol> <li>The name of the limited</li> <li>The mailing address of t</li> </ol>					, ,
P.O. Box 615500, Alys Beach, I	L 32461-5500				
November 4, 2004			L04000080349		
3. Date of filing/registration	n in Florida		4. Document	number	
5. The name of the registere Florida Department of St		gistered office	address as shov	vn on the records	of the
1		Corporation Sys	tem	Pro 6S	77
_		Name		一员与	
	1200 S	outh Pine Island	l Road	포크 2	
_		Address	<del>-</del>	— 55.2 5.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7	- M
	Pla	intation, FL 333	24	Fig.	どう
_	Cit	y, State and Z	ip	70	ري -
6. The name and address of	the new registered	agent and/or	office:	ORICE ORICE	9
	Corpora	tion Service Cor	npany	7	
	12	Name 01 Hays Street	<u> </u>	<del></del>	
_	Florida street addre		NOT acceptable	e)	
_	Tallahassee	FL.	32301	<u></u>	
	City	, State and Zij	p		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	nge or changes are se registered agent by confirmed that t ed liability compar	made, the Flowill be idention to change(s) any or as other	orida street addre cal. Or, in the ca was/were author wise provided in	ess of the registere ase of a Florida lin rized by an affirma	d office nited tive vote
(Signature of a member or authorize	representative of a mer	nber)	• •	•	r <u>e</u>
L. Bozzelli, Vice President on behalf of Eb	sco Gulf Coast Developmen	t, Inc., Manager			٠
(Printed or typed name of signee)			· ÷-	-	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if thi address, I hereby confirm the	ment as registered of all statutes relat accept the obligati of accument is bein at the limited liabi	agent and ag ive to the proj ons of my pos g filed to mer lity company	ree to act in this per and complete ition as registere ely reflect a chai has been notifie	capacity. I furth e performance of i ed agent as provid nge in the register d in writing of this	er agree to ny duties, ed for in ed office change.
(Signature of Registered Agent) Sur	via Queppet, Assistan	t Vice President			w -

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