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D. BRUCE

MAR 31 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MAGNOLIA PRC, L.L.C (Name	C. e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
JOHN P. DANIEL		
(Name of Person)		
BEGGS & LANE, R.L.L.P. (Firm/Company)	O9 MAR 30 PH 3: 40 PALLAHASSEE, FLORIDA	
501 COMMENDENCIA STREET	TAR 30 PH	
(Address)		
PENSACOLA, FL 32502 US	RIBA	
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
Larry Covington	at ( 678 ) 624-9986	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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.

in the State of Florida.	
1. Name of the limited liability company: MAGNOLIA	A PRC, L.L.C.
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: MAGNOLIA PRC, L.L.C.  16470 FREEMANVILLE ROAD  ALPHARETTA, GA 30004
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	MAGNOLIA PRC. L.L.C.  16470 FREEMANVILLE ROAD  ALPHARETTA, GA 30004
02/07/2005	L05000012501
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	GARY B. LEUCHTMAN
Registered Office Address:	501 COMMENDENCIA STREET PENSACOLA, FL 32502 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:
<u> </u>	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	BEGGS & LANE, R.L.L.P  501 COMMENDENCIA STREET
IMOST DE TESMESTATA DE REESE	PENSACOLA,FL 32502 US
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
MERCER WILLIAMS / MGR- SM MANAGER, L.L.C. (Printed or typed name of signee)	<u>-</u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pr	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I

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 similar hability company has been notified in writing of this change.

(Signature of Registered Agent)

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