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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | Idress) | |
| (Ac | ldress) | |
| (Ĉi | ty/State/Zip/Phone | #) |
| PICK-UP | | |
| | usiness Entity Nam | e) |
| (D | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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T. H. WIPTON



CSC - WILMINGTON Suite 400. 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

2

- From: Evelyn Wright
- Date: November 12, 2013
- Order#: 880050/011
 - Re: GARD DEVELOPMENT I LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{XX}$ Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
<u>XX</u> Issue Proof of Filing.
<u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: GARD DEVELOPMENTILLC
- 2. (a) Principal office address of limited liability company: <u>6800 Broken Sound Parkway</u> (Note: MUST BE STREET ADDRESS) Boca Raton, FL 33487
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

02/22/2005

3. Date of filing/registration in Florida

L05000017793

4. Document number

Boca Raton, FL 33487

6800 Broken Sound Parkway

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

| | | | - | | | _ | | | - |
|----|---|---|---|----|---|----|---|--|---|
| Ma | r | 0 | ۲ | ł. | ļ | Be | H | | |

| | Registered Office Address: | 6800 Broken Sound Parkway | ≯ ∽ | 21 | |
|------|--|-----------------------------|------------|--------------|---------|
| | | · | | 3 | |
| | | Boca Raton, FL 33487 | <u>≻</u> m | - <u>8</u> - | <u></u> |
| (L.) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | | R. | ~ | |
| (D) | Enter name of <u>INE W Registered Agent</u> and/or <u>NE V</u> | V Registered Office address | rn -< | ÷ | 1 |
| | NEW Registered Agent: | Corporation Service Company | <u> </u> | | 111 |
| | NEW Registered Office Address: | 1201 Hays Street | LOP STS | :31 | \odot |
| | (MUST BE FLORIDA STREET ADDRESS) | | Ê | | |
| | | Taliahassee | _7FL 32 | 230T | |

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

MARCH. BELL-Managing member 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 adaress. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company Grace E. Kirby, Assistant VP

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

INHS18 (05/08)