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B. KOHR  
JAN 25 2010  
EXAMINER

FILED  
10 JAN 25 PM 4:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686  
City/State/Zip Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. CHC of Tallahassee Property Subsidiary, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                   |   |  |
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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 25 PM 4:24

**SUBJECT:** CHC of Tallahassee Property Subsidiary, LLC  
Name 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 this matter to the following:

Nathan A. Adams, IV

Name of Person

Holland & Knight LLP

Firm/Company

315 S. Calhoun Street, Suite 600

Address

Tallahassee, FL 32301

City/State and Zip Code

nathan.adams@hklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan A. Adams, IV

Name of Person

at ( 850 )

425-5640

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 following 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.*

1. Name of the limited liability company: CHC of Tallahassee Property Subsidiary LLC

2. (a) Principal office address of limited liability company: 2810 Sharer Rd., Unit 29

☒ (Note: **MUST BE STREET ADDRESS**) Tallahassee, FL 32312

(b) Mailing address of limited liability company: 2810 Sharer Rd., Unit 29

☒ (Note: **MAY BE POST OFFICE BOX**) Tallahassee, FL 32312

March 8, 2005  
3. Date of filing/registration in Florida

L05000023566  
4. Document number

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

Registered Agent: Richard N. Ledford

Registered Office Address: 2820 Sharer Rd.  
Tallahassee, FL 32312

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Ron McCants

**NEW** Registered Office Address: 2820 Sharer Rd.  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32312

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.

Ron McCants  
Signature of a member or authorized representative of a member

Ron McCants  
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 address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Ron McCants  
Signature of Registered Agent

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