L0500W31515

(Requestor's Name)						
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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JUN - 2 2008

EXAMINER

OBMAY 30 AM 8: 14
TÄLLAHASSEE, FI OPINE



ON SERVICE COMPANY.			
ACCOUNT NO.	:	072100000	32
REFERENCE	:	513067	4323387
AUTHORIZATION	:	2	M -
COST LIMIT	:	\$ 25.	Olena &
ORDER DATE : MAY 30, 2008			FILED M. 8:
ORDER TIME : 8:00 AM			3 3 8
ORDER NO. : 513067-045			On the second
CUSTOMER NO: 4323387			DA C
CHANGE OF A	<u>GEN</u>	<u>T</u>	
NAME: FRK NEWBERRY,	LL	c	
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FIL	NG:
CERTIFIED COPY PLAIN STAMPED COPY		·	
CONTACT PERSON: Kathy Drake -	- E	XT# 2959	

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.

1. The name of the limited	d liability company is:	FRK NEV	VBERRY, LLC		
2. The mailing address of	the limited liability co	ompany is : _			
1200 Urban Center Di	rive, Birmingham,	AL 35242			
03/30/2005			L05000031515		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	State:			n the records of the	
	Barbara	C. Johnston Name	i, Esq.		
	155 E	ast 21st Str	eet		
		Address ville, FL 32	2206		
		State and Zip			
6. The name and address of the new registered agent and/or office: Corporation Service Company Name Only, state and Zip Only Name					
	Corporation	Service Co	ompany	FILED AY 30 MM ANASSEE,	
Name 1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301	ORID.	
	City, S	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limiter the operating agreement (Signature of a member or authority)	nange or changes are method the registered agent w	nade, the Flor ill be identica e change(s) w or as otherw y company.	ida street address on. Or, in the case of	of the registered office of a Florida limited	
Maureen Cullen, Auth	norized Person				
(Printed or typed name of signee) I hereby accept the appoil comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered as sof all statutes relative accept the obligation his document is being that the limited liabili Michelle R. Vannoy	ē to the prope is of my posit filed to merel ty company h	er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314