L050000 31517

(Re	questor's Name)						
(Requestor's Name)							
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PICK-UP	WAIT	MAIL					
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(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
•							
Special Instructions to	Filing Officer:						

Office Use Only



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UNITED TO COMPANION

B. KOHR

JUN - 2 2008

EXAMINER





	ACCOUNT NO.	:	072100000	032		
	REFERENCE	:	513067	4323387		
	AUTHORIZATION	:	Localle			
	COST LIMIT	:	\$ 28.00	le man	1 08 H	
ORDER DATE :	MAY 30, 2008				FILED # 8: 1	
ORDER TIME :	8:00 AM				开写 至口	
ORDER NO. :	513067-055				STATE OF THE	
CUSTOMER NO:	4323387			-	DA	
<u>CHANGE OF AGENT</u>						
NAME:	FRK BROOKSVIL	LE,	LLC			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:		
	FIED COPY STAMPED COPY					
CONTACT PERSO	N: 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 limite	d liability company is	FRK BR	OOKSVILLE, L	LC .	
2. The mailing address of	the limited liability c	ompany is :			
1200 Urban Center D	rive, Birmingham,	AL 35242			
03/30/2005			L05000031517	7	
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of S		stered office	address as shown	on the records of the	
· · · · · · · · · · · · · · · · · · ·		C. Johnsto	n, Esq.	08	
		Name			
	155 E	East 21st St	reet	= 3 =	
	Inalmon	Address	22206	ASS OF	
		, State and Z		FILED AM 30 AM TALLAHASSEE.	
6. The name and address of	•	•	•	FILED AM 8: 14 OB MAY 30 AM 8: 14 TALLAHASSEE, FLORI	
6. The name and address of the new registered agent and/or office: Corporation Service Company					
	-	Name			
	1201	Hays Stre	et	•	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City, S	State and Zip)		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited the operating agreement (Signature of a member or authority)	the registered agent we reby confirmed that the ited liability company tof the limited liability.	nade, the Flovill be identice change(s) or as others ty company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote	
Maureen Cullen, Auth	orized Person				
(Printed or typed name of signee)					
I hereby accept the appoing the comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ I accept the obligation his document is being that the limited liabili	ngent and ag we to the prop ns of my posi filed to mere ity company	ree to act in this ca per and complete po tion as registered a cly reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.	
(Signature of Registered Agent)	<u> KOM</u> Michelle R. Vanno	V Asst XI	p		

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