L05000033594

	(Requestor's Name)
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	(Address)
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	(City/State/Zip/Phone #)
	UP WAIT MAIL
☐ FICK-C	OP WAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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TALL



ACCOUNT NO. : 072100000032

REFERENCE : 770164 7515113

AUTHORIZATION ,

COST LIMIT

ORDER DATE : February 21, 2007

ORDER TIME : 9:44 AM

ORDER NO. : 770164-035

CUSTOMER NO: 7515113

CHANGE OF AGENT

NAME: BANYAN REALTY MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

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.

agoin, or com, in me blace of	1 10/144.			
1. The name of the limited li	ability company is:	BANYAN RE	ALTY MANAGEMENT	LLC .
2. The mailing address of the	e limited liability co	ompany is: _		
207 Mendham Boulevard	d, Suite 201, Or	lando, FL	32825	
04/06/2005			L05000033594	
3. Date of filing/registration	in Florida		4. Document num	ıber
5. The name of the registered Florida Department of State		tered office a	ddress as shown o	n the records of the
	Mar	k D. Scheir	nblum	
_		Name		
	450 0 0		a! - 000	FS 9
		ge Avenue,	Suite 800	FC P 7
		Address		空 另
		lo, FL 328		55 6 5
	City,	State and Zip)	SS
6. The name and address of the	ne new registered ag	gent and/or of	ffice:	MII: 26 SEE, FLORI
	Corporation	n Service C	ompany	0= 2
	· · · · · · · · · · · · · · · · · · ·	Name	<u> </u>	温台 6
		Name Nays Street		P
r.	lorida street address	s (P.O. Box N	OT acceptable)	
	Tallahassee	FL	32301	
	City, S	tate and Zip		
If the limited liability company confirmed that after the change and the business office of the liability company, it is hereby the members of the limited liable the operating agreement of the member of a member or authorized residues.	ge or changes are mage registered agent with confirmed that the ability company or a limited liability confirmed liability con	ade, the Flori Il be identica change(s) wa as otherwise pompany.	da street address of the case	of the registered office of a Florida limited
(Signature of a member or authorized r	epresentative of a membe	er)		
Maureen Cullen, Authoriz (Printed or typed name of signee)	zed Person			
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that			ee to act in this cap r and complete pe on as registered a y 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.
(Signature of Registered Agent) Sylv	mer			
(Signature of Registered: Agent) Sylv	Na Oueppet, Ass	t. VP		

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

FILING FEE: \$25.00